



Income Declaration

Client Name _____

ID/File# _____

SS# _____

Guarantor's Name _____

Guarantor's Employer _____

Number of Dependents _____

As determined for federal income tax purposes

Total Monthly Gross Income

(as determined from the below listed sources)

- | | |
|----------------------------------|--|
| _____ Gross salary/wages | _____ Dividends and/or interest |
| _____ Taxable pensions/annuities | _____ Unemployment compensation |
| _____ Alimony/child support | _____ Workers' compensation |
| _____ Strike Benefits | _____ Trust/inheritance |
| _____ Social Security Benefits | _____ SSI |
| _____ OWF/GR | _____ Other Taxable income (i.e. child support, rental property) |

Adjustments to Monthly Gross Income

- _____ Medical/behavioral healthcare/dental expenses (greater than 5% of gross monthly income)
- _____ Extenuating circumstances:
- _____ Danger to self/others
 - _____ Extreme or catastrophic family crisis (fire, flood, storm damage, or financial burden)
 - _____ Day care expenses due to having to work
 - _____ Court ordered obligations (bankruptcy, garnishment, restitution, and child support)
 - _____ Primary earner refuses to be responsible for cost of service or knowledge is clinically inappropriate
 - _____ Client in Crisis at time of service

Adjusted Monthly Gross Income _____ *(Used to develop fee subsidy, if appropriate)*

Fee subsidy as determined by adjusted monthly income and family size

- _____ Client has no insurance
- _____ Client has insurance; services are covered
- _____ Client has insurance; services are not covered or authorization denied
- _____ Client family/friends help provides basic needs for his or her needs
- _____ Client does not have any income at this time
- _____ Client had no Insurance Card at time of registration
- _____ Called Client for Insurance Card

Clients' Responsible Subsidy Fee %

ADAMHS board % _____	PCMHR board % _____	Client % _____	Client Co-Pay _____
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Client's or Guarantor's Signature _____ Date _____

Financial Counselor's Signature _____ Date _____

Client's Name _____ ID/File# _____ Date of Service _____