

St. Clair County Community Mental Health
Ability to Pay
Administrative Hearing Disposition

Individual: _____ Case #: _____

Responsible Party: _____

Administrative Hearing Date: _____

Hearing Type: Face to Face Phone

Fee Determination Effective Date: _____

Persons Attending Meeting: _____

Current Client Complaint(s): _____

Agency Response: (Attach more paper if necessary): _____

Meeting Disposition: _____

Resolved Withdrawn Pended Not Resolved

Disposition Discussion:

Hearing Officer Signature

Individual/Responsible Party Signature

Cc: Chief Clinical Officer
Finance Office