

St. Clair County Community Mental Health  
**Parent(s) Financial Determination for Minor Children (*Less Than 18yrs.*)  
Receiving Specialized Residential Services**

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Date: \_\_\_\_\_

Name of Individual Receiving Services: \_\_\_\_\_

Case #: \_\_\_\_\_ Residential Home: \_\_\_\_\_

Taxable Income (MI State Income Tax Return, exclude step-parents' income and dependents):

a. Parent(s) Name: \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_

b. Parent(s) Name: \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Fee from Public Mental Health System Ability-to-Pay Schedule: \$ \_\_\_\_\_

- I  DO agree to pay \$ \_\_\_\_\_ per month.  
 DO NOT agree to pay \$ \_\_\_\_\_ per month.

Check item below as explained.

- The monthly fee is due regardless of the length of stay in a given month up to the cost of services.
- The assessed fee is retroactive to the first day of service and thereafter is due during the first five working days of the month.
- You have 30 days to request and complete a new determination of your assessed fee based on a full review of your total financial situation. If you do not agree with the new determined fee, you have 30 days to request an appeal with the SCCCMH Hearing Officer.

\_\_\_\_\_  
Individual/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Date