

**Mental Health Resource Center  
Financial Attestation Form**

**Effective February 1, 2023 through January 31, 2024**

Total Number in Household

Household Annual Income

- \*\* A minimum fee of **\$3.00** will be assessed for each chargeable service. Example, 0% = \$3.00 Per Chargeable Service
- \*\* There will **not** be a fee assessed to Targeted Case Management, Outpatient Rehabilitation and FACT Program Services.
- \*\* Fees not subject to sliding-fee schedules are IDP prescription charges, insurance co-payments and/or deductibles.

- I hereby attest that my Total Number in Household and Household Annual Income reported is correct.
- I decline to provide information on my household income and/or household size. I understand this information is needed for the uniform schedule of discounts and by not providing this information, I am unable to apply for uniform discounts, if applicable.
- The individual ( ) declines ( ) is unable to provide financial/household information. As a staff person, I ( ) can attest ( ) am unable to attest to this information based on my knowledge of the individual's financial and living situation (explanation required).

Explain:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

FAMILY ANNUAL INCOME	
Minimum Income	Maximum Income

FAMILY ANNUAL INCOME		HOUSEHOLD NUMBER									
150% Minimum Income	150% Maximum Income	01	02	03	04	05	06	07	08		
***The percentage represents the client responsibility for each chargeable service. 0% will be assessed a minimum fee of \$3.00 per chargeable service.											
\$ -	\$ 14,580.00	\$ -	\$ 21,870.00	0%	0%	0%	0%	0%	0%	0%	0%
\$ 14,581.00	\$ 19,720.00	\$ 21,870.01	\$ 29,580.00	5%	0%	0%	0%	0%	0%	0%	0%
\$ 19,721.00	\$ 24,860.00	\$ 29,580.01	\$ 37,290.00	10%	5%	0%	0%	0%	0%	0%	0%
\$ 24,861.00	\$ 30,000.00	\$ 37,290.01	\$ 45,000.00	15%	10%	5%	0%	0%	0%	0%	0%
\$ 30,001.00	\$ 35,140.00	\$ 45,000.01	\$ 52,710.00	25%	15%	10%	5%	0%	0%	0%	0%
\$ 35,141.00	\$ 40,280.00	\$ 52,710.01	\$ 60,420.00	35%	25%	15%	10%	5%	0%	0%	0%
\$ 40,281.00	\$ 45,420.00	\$ 60,420.01	\$ 68,130.00	45%	35%	25%	15%	10%	5%	0%	0%
\$ 45,421.00	\$ 50,560.00	\$ 68,130.01	\$ 75,840.00	55%	45%	35%	25%	15%	10%	5%	0%
\$ 50,561.00	\$ 55,700.00	\$ 75,840.01	\$ 83,550.00	65%	55%	45%	35%	25%	15%	10%	5%
\$ 55,701.00	\$ 60,840.00	\$ 83,550.01	\$ 91,260.00	70%	65%	55%	45%	35%	25%	15%	10%
\$ 60,841.00	\$ 65,980.00	\$ 91,260.01	\$ 98,970.00	75%	70%	65%	55%	45%	35%	25%	15%
\$ 65,981.00	\$ 71,120.00	\$ 98,970.01	\$ 106,680.00	80%	75%	70%	65%	55%	45%	35%	25%
\$ 71,121.00	\$ 76,260.00	\$ 106,680.01	\$ 114,390.00	85%	80%	75%	70%	65%	55%	45%	35%
\$ 76,261.00	\$ 81,400.00	\$ 114,390.01	\$ 122,100.00	90%	85%	80%	75%	70%	65%	55%	45%
\$ 81,401.00	\$ 86,540.00	\$ 122,100.01	\$ 129,810.00	95%	90%	85%	80%	75%	70%	65%	55%
\$ 86,541.00	\$ 91,680.00	\$ 129,810.01	\$ 137,520.00	100%	95%	90%	85%	80%	75%	70%	65%
\$ 91,681.00	\$ 96,820.00	\$ 137,520.01	\$ 145,230.00	100%	100%	95%	90%	85%	80%	75%	70%
\$ 96,821.00	\$ 101,960.00	\$ 145,230.01	\$ 152,940.00	100%	100%	100%	95%	90%	85%	80%	75%
\$ 101,961.00	\$ 107,100.00	\$ 152,940.01	\$ 160,650.00	100%	100%	100%	100%	100%	100%	100%	100%

Client Name \_\_\_\_\_

Client ID # \_\_\_\_\_