

MACOMB COUNTY COMMUNITY MENTAL HEALTH
FULL FINANCIAL REVIEW INCOME/EXPENSE ANALYSIS FOR RESIDENTIAL CONSUMERS ONLY

Used for Inpatient and Crisis Residential services >60 days and residential services, minors, as well as all new determinations (fee reviews or redeterminations)

Individual's Name: _____ **Case Number:** _____

Responsible Party's Name (if other than above): _____ **Res. Home:** _____

1. ANNUAL INCOME		6. ANNUAL EXPENSES	
Gross Pay (Individual or Parent)	\$	Food, Clothing, Personal Necessities (Per DCH Annual Memorandum)	\$
Gross Pay (Spouse or Parent)	\$	Unreimbursed Employment or Business	\$
Other Income (SSD, SSA, AFDC, VA, Adoption subsidy, Child Support (minor only), etc.)	\$	Room & Board	\$
	\$	House (including utilities, property taxes, etc.) (if applicable)	\$
	\$	Medical Expenses	\$
TOTAL GROSS ANNUAL INCOME	\$+		\$
2. PROTECTED INCOME *		TAXES	
	\$-	Federal	\$
NET ANNUAL INCOME		State	\$
	\$=	Local	\$
3. ASSETS		Elementary/Secondary/Post-Secondary Education	\$
Real & Personal (boat, 2nd car, vacation home, etc.)	\$	Other Personal Debt	\$
Cash, Bank Accounts	\$	Guardianship	\$
Stocks/Bonds/Other Savings	\$		\$
Other (CD, 401k, IRA, Trust, etc.)	\$		\$
TOTAL ASSETS	\$+		\$
4. PROTECTED ASSETS (see below)			\$
	\$-	Court Ordered Payments	\$
Individual \$2000.00		Transportation	\$
Individual and Dependent \$3000.00		TOTAL EXPENSES	\$=
Each additional Dependent \$200.00			
5. LIABILITIES AGAINST ASSETS			
	\$-		
NET ASSETS			
	\$=		

*Income that must be Inpatient or Crisis Residential (\$37/mo personal needs allowance plus up to \$20/mo income disregard)
 Protected for the All Other Residential/AFC settings (\$44/mo personal needs allowance plus up to \$20/mo income disregard)
 Individual (as defined All Residential/AFC settings-In addition to either of the above, \$65/mo of earned income PLUS 1/2 of earned income over \$65
 For Inpatient Psychiatric or Crisis Residential services, MCCMH may protect an individual's income up to the amount identified under "Inpatient or Crisis Residential" above, as set forth in the written policy.

I/We do hereby acknowledge that I/we have read the foregoing and do hereby certify that the statements therein contained are true.

Dated: _____
(Responsible Party)