

MCCMH SUD Recovery Home Services

Fee Agreement Form

MCCMH SUD funded clients are responsible for a copay for recovery home services when approved by Managed Care Operations (MCO) for continued funded stay beyond the initial 60 days of service.

Client Name: _____

Date of Birth: _____

Current monthly personal income: \$ _____ (attach recent pay stub)

Source of Income: (list employment or other means of financial support): _____

I understand that I am responsible for 50% of the MCCMH SUD contracted daily rate for recovery home services after the initial 60 days of funding while receiving MCCMH SUD funded assistance.

I agree to pay the home the following daily amount: \$ _____.

Client Signature

Date

Home Signature

Date

Comments: _____

