

MAUMEE VALLEY GUIDANCE CENTER
FINANCIAL REVIEW REMINDER

Client Name	Case #
-------------	--------

The Four County ADAMhs Board requires verification of your income, residency, and household family size **every six months** to be eligible for the care subsidy program. The following information below is needed from you within **30 days** or today's service will not be eligible for coverage.

1. Pay check stubs – 2 most recent, consecutive check stubs
2. Disability income – award letter or 1099 of current year
3. Child Support or alimony
4. Retirement income, pension, or military pay
5. Investment income such as interest, dividends, ect.
6. All other income- Business or Farm Income, ect..
7. Workers comp benefits or unemployment earnings
8. Any form of mail showing the address we have on record for you.
9. Need to apply for Medicaid (if no income or 90-100% subsidy)– show proof of application – bring in denial or acceptance once received.

All information needed has been received as of this date _____.

Date

This information is needed in order to continue with the ADAMhs Board care subsidy which may help pay for your treatment at Maumee Valley Guidance Center. Without this information, you CANNOT be eligible or continue on this care subsidy as the ADAMhs Board will not permit it. If you do not return the requested information within 30 days, you will need to pay full fee for today's appointment and all future appointments.

ESTIMATED AMOUNT ___\$165 therapy ___ \$325 Medication Mgt

Those living in my household currently Include:

Name:	Relationship and AGE (if under 18)
1. <u>CLIENT</u>	<u>SELF</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Client Signature	Date
------------------	------