

Admission Date: _____

Agency ID (optional): _____

**MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE (MCOSA)
VERIFICATION OF INCOME & FEE AGREEMENT FORM**

Name: _____
(Last) (First) (Middle)

Social Security Number (required): _____ Date of Birth: _____

Marital Status: Single Married/living with partner Divorced Separated Widowed

Current County of Residence: Macomb Other _____

Number of Dependents (include self): _____ Ages (include self): _____

I understand that a portion of the cost of my treatment may be subsidized by public funds. As required by eligibility guidelines, I hereby certify that my current yearly income is as follows:

Hourly Wage: \$ _____ Hours worked in past two (2) weeks: _____

Annual Personal Income: \$ _____ Annual Household Income: \$ _____

Source(s) of Income: Employment Unemployment Parent (only if you are under 18)
 Alimony/Child Support Disability Other (specify): _____
 Spouse/partner Public Assistance

I understand that public funding should be the funding of last resort, and I certify that my current health insurance status is as follows (check all that apply):

Private/Employer Health Insurance: Yes No If yes, Name of Insurer: _____
Medicaid: Yes No Plan Name: _____
Medicaid w/Deductible/Spend-Down: Yes No Deductible Amount (if known): \$ _____
Healthy Michigan Plan (HMP): Yes No Plan Name: _____
Medicare: Yes No
VA Healthcare Benefits: Yes No

Client to read and initial:

_____ ***I verify that the above statements are true, to the best of my knowledge. I understand that I will be required to provide verification of the above information for the purpose of substantiating eligibility for public funds and/or determining the fees to be charged for the services provided.***

_____ ***I understand that if I am otherwise eligible for third-party insurance coverage (private, employer, etc.), including Medicaid or Healthy Michigan Plan, and do not apply for, or decline to use my insurance, MCOSA is not obligated to supplement the cost of my treatment.***

_____ ***I understand that I cannot be enrolled in more than one MCOSA-funded (Medicaid, Healthy Michigan, Block Grant) treatment program at the same time, and will inform my therapist if I am enrolled in any substance use treatment elsewhere. If I choose to remain at my other substance use treatment program, MCOSA will not fund my current request for substance use treatment and I will be responsible for any costs incurred.***

