



MCCMH - SUD State Disability Assistance (SDA) Eligibility Screen

This form is to help determine if you may qualify for SDA funding for a portion of your residential treatment services through MCCMH-SUD. Please complete the following information (*circle True or False*):

1. I am 18 years of age or older. True False
2. I am a Michigan resident. True False
3. I am U.S. citizen or have an acceptable alien status. True False
4. I am not receiving any type of cash assistance from another state. True False
5. Please list cash assets: (*do not include property owned such as cars, homes, land, etc.*):
 - Amount of cash on hand/in safe deposit box: _____
 - Bank and/or credit union account balances: _____
 - Any other type of cash assets such as Investments, Retirement plans, Trusts, etc.: _____
 - Total Cash Assets:** _____
 - My total cash assets are \$3,000 or less. True False

I verify that the above statements are true.

PRINT Client Name

Client Signature

Date

If this screening has determined you may be eligible for residential SDA funding, you are encouraged to contact your local Michigan Health & Human Services office/MI Bridges website to apply for full SDA benefits. The state of Michigan has more eligibility guidelines that must be met.

Staff Use Only

Screening positive for SDA eligibility (*circle Yes or No*)? *Yes No

*If 'Yes' for SDA is true, complete SDA form in FOCUS under the "Funding Sources and Insurance Policies" link.

PRINT Staff Name

Staff Signature

Date