

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

Individual's Name: _____ Case Number: _____

Responsible Party's Name (If other than above): _____

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.)	\$	House (including utilities, property taxes, etc.) (if applicable)	\$
	\$	Medical Expenses	\$
TOTAL GROSS ANNUAL INCOME	\$+		\$
2 PROTECTED INCOME (see below)	\$-		
Individual	\$684.00		\$
Individual and Spouse	\$1368.00	TAXES	
Each additional Person	\$342.00	Federal	\$
NET ANNUAL INCOME	\$=	State	\$
3. ASSETS		Local	\$
Real & Personal (boat, 2nd car, vacation home, etc.)	\$	Elementary/Secondary/Post-Secondary Education	
Cash, Bank Accounts	\$	Other Personal Debt / Expenses	\$
Stocks/Bonds/Other Savings	\$		\$
Other (CD, 401k, IRA, Trust, etc.)	\$		\$
TOTAL ASSETS	\$+		\$
4. PROTECTED ASSETS (see below)	\$-		\$
Individual	\$2000.00	Court Ordered Payments	\$
Individual and Dependent	\$3000.00	Transportation	\$
Each additional Dependent	\$200.00	TOTAL EXPENSES	\$=
5. LIABILITIES AGAINST ASSETS	\$-		
NET ASSETS	\$=		

Place an "x" in the box next to the statement(s) below that apply to your child for whom you are seeking services.

MINORS

- The above named minor has no income
- The above named minor has no assets (ie. Savings accounts, savings bonds, CDs, trusts) above \$2000.00

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)