

**Mental Health Resource Center
Financial Attestation Form**

Effective February 1, 2025 through January 31, 2026

Total Number in Household

Household Annual Income

- ** A minimum fee of **\$3.00** will be assessed for each chargeable service. Example, 0% = \$3.00 Per Chargeable Service
- ** There will **not** be a fee assessed to Targeted Case Management, Outpatient Rehabilitation and FACT Program Services.
- ** Fees not subject to sliding-fee schedules are IDP prescription charges, insurance co-payments and/or deductibles.

- I hereby attest that my Total Number in Household and Household Annual Income reported is correct.
- I decline to provide information on my household income and/or household size. I understand this information is needed for the uniform schedule of discounts and by not providing this information, I am unable to apply for uniform discounts, if applicable.
- The individual () declines () is unable to provide financial/household information. As a staff person, I () can attest () am unable to attest to this information based on my knowledge of the individual's financial and living situation (explanation required).

Explain:

Client Signature

Date

Staff Signature

Date

FAMILY ANNUAL INCOME	
Minimum Income	Maximum Income

FAMILY ANNUAL INCOME		HOUSEHOLD NUMBER									
150% Minimum Income	150% Maximum Income	01	02	03	04	05	06	07	08		
***The percentage represents the client responsibility for each chargeable service. 0% will be assessed a minimum fee of \$3.00 per chargeable service.											
\$ -	\$ 15,650.00	\$ -	\$ 23,475.00	0%	0%	0%	0%	0%	0%	0%	0%
\$ 15,651.00	\$ 21,150.00	\$ 23,475.01	\$ 31,725.00	5%	0%	0%	0%	0%	0%	0%	0%
\$ 21,151.00	\$ 26,650.00	\$ 31,725.01	\$ 39,975.00	10%	5%	0%	0%	0%	0%	0%	0%
\$ 26,651.00	\$ 32,150.00	\$ 39,975.01	\$ 48,225.00	15%	10%	5%	0%	0%	0%	0%	0%
\$ 32,151.00	\$ 37,650.00	\$ 48,225.01	\$ 56,475.00	25%	15%	10%	5%	0%	0%	0%	0%
\$ 37,651.00	\$ 43,150.00	\$ 56,475.01	\$ 64,725.00	35%	25%	15%	10%	5%	0%	0%	0%
\$ 43,151.00	\$ 48,650.00	\$ 64,725.01	\$ 72,975.00	45%	35%	25%	15%	10%	5%	0%	0%
\$ 48,651.00	\$ 54,150.00	\$ 72,975.01	\$ 81,225.00	55%	45%	35%	25%	15%	10%	5%	0%
\$ 54,151.00	\$ 59,650.00	\$ 81,225.01	\$ 89,475.00	65%	55%	45%	35%	25%	15%	10%	5%
\$ 59,651.00	\$ 65,150.00	\$ 89,475.01	\$ 97,725.00	70%	65%	55%	45%	35%	25%	15%	10%
\$ 65,151.00	\$ 70,650.00	\$ 97,725.01	\$ 105,975.00	75%	70%	65%	55%	45%	35%	25%	15%
\$ 70,651.00	\$ 76,150.00	\$ 105,975.01	\$ 114,225.00	80%	75%	70%	65%	55%	45%	35%	25%
\$ 76,151.00	\$ 81,650.00	\$ 114,225.01	\$ 122,475.00	85%	80%	75%	70%	65%	55%	45%	35%
\$ 81,651.00	\$ 87,150.00	\$ 122,475.01	\$ 130,725.00	90%	85%	80%	75%	70%	65%	55%	45%
\$ 87,151.00	\$ 92,650.00	\$ 130,725.01	\$ 138,975.00	95%	90%	85%	80%	75%	70%	65%	55%
\$ 92,651.00	\$ 98,150.00	\$ 138,975.01	\$ 147,225.00	100%	95%	90%	85%	80%	75%	70%	65%
\$ 98,151.00	\$ 103,650.00	\$ 147,225.01	\$ 155,475.00	100%	100%	95%	90%	85%	80%	75%	70%
\$ 103,651.00	\$ 109,150.00	\$ 155,475.01	\$ 163,725.00	100%	100%	100%	95%	90%	85%	80%	75%
\$ 109,151.00	\$ 114,650.00	\$ 163,725.01	\$ 171,975.00	100%	100%	100%	100%	100%	100%	100%	100%

Client Name _____

Client ID # _____