

**ALCOHOL AND DRUG ADMINISTRATION
HALFWAY HOUSES * LONG TERM CARE FACILITIES * RESIDENTIAL INTERMEDIATE
CARE FACILITY (ICF)
ABILITY TO PAY SCHEDULE WORKSHEET**

CLIENT'S NAME _____

SOCIAL SECURITY NUMBER _____ NUMBER IN FAMILY _____
(INCLUDING CLIENT)

- A. **MONTHLY HOUSEHOLD NET INCOME*** \$ _____
- Enter monthly net family or household income. *Net income is the gross income (both earned and unearned) less mandatory deductions: i.e. State, Federal and FICA taxes.*
 - Income must be documented and must be retained in the client's record.
 - A quarterly review of the client's income must be performed to determine any income changes.

***REFER TO TABLE 1 (ABILITY TO PAY SCHEDULE) TO DETERMINE IF THE CLIENT MEETS THE REQUIREMENTS TO APPLY THE ABILITY TO PAY SCALE. IF NOT, USE THEIR INCOME IN THE CALCULATION AND DO NOT RECORD AN AMOUNT ON "C".**

- B. **MONTHLY PERSONAL ALLOWANCE** \$ _____
- The standard personal allowance is \$60.00.
 - The Personal Allowance must be increased to \$85.00 for clients who receive SSI Payments.

- C. **MONTHLY FAMILY ALLOWANCE** \$ _____
- Enter **\$0** if not applying the ability to pay scale.
 - Enter the Monthly Family Allowance from Table 1 if client **has** financial responsibility for other persons.
(Living expenses include rent or mortgage, food, utilities, insurance).

- D. **ADDITIONAL MONTHLY ADJUSTMENT** \$ _____
- (i.e. Job related transportation, medical bills). Living expenses in excess of Item C. **Adjustments must be documented.**

E. **NET MONTHLY ALLOWABLE INCOME (A-B-C-D=E)** \$ _____

F. **DAILY AMOUNT AVAILABLE (Sum of E/30=F)** \$ _____

- G. **DHMH APPROVED DAILY PROGRAM RATE** \$ _____
- This rate is shown on your most recently approved Schedule of Charges.
 - The rate on the Schedule of Charges is the **only** rate that may be used.

H. **DAILY AMOUNT TO BE CHARGED (Lower amount of F or G)** \$ _____

_____ Date _____ Date
Client's Signature Program Official Signature

*This worksheet must be kept in the client's medical record.

**A new worksheet must be completed any time the client's income changes.

REVISED 02/2015