

Carbon-Monroe-Pike Mental Health and Developmental Services

Determination of Maximum Liability

Client's Name _____ Client Case _____

Liable Person's Name(s) _____ Liable Person's Name _____

Liable Person's Address _____ Liable Person's Address _____

_____ Liable Person's Address _____

_____ Town _____ Zip _____ Town _____ Zip _____

Third Party Payment for Client's Care

MA Status

1. Medically Needy 2. Categorically Needy 3. MA Referred 4. Not Eligible 5. Unknown

County	Record Nbr	Category	CD	Line #	Res. Code	PBM Status	Issue #
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MEDICARE: _____ VA # _____
 Number Part

PRIVATE INSURANCE: 1. Yes 2. No

Specify: _____
 Name Number

Deductible(s): _____

CLIENT LIABILITY

I. List of Liable Persons	Names	Relationship to Client	Enter "1" if a dependent
A. Client			
B. Others			

C. Total Number of Dependents

II. Gross Annual Income (4305.36(b)(1)) 1.C _____

	First Person		Second Person		Third Person	
	Source	Amount	Source	Amount	Source	Amount
A. Earned Income						
B. Interest						
C. Dividends						
D. Benefits						
E. Alimony, Support or Other						
F. Total						
				Grand Total		

III. DEDUCTIONS FROM GROSS INCOME

A. MANDATORY DEDUCTIONS (4305.36(b)(2)(i))

- 1. Federal Income Tax _____
- 2. State Income Tax _____
- 3. Local Income Tax _____
- 4. FICA & Self Employment _____
- 5. Work Privilege Tax _____
- 6. Union Dues _____
- 7. Mandatory Retirement _____

8. Other (explain) _____
9. TOTAL IIIA.9 _____

B. CHILD CARE (4305.36(B)(2)(I)) III.B. _____

C. MEDICAL EXPENSES
a. Health Insurance (4305.36(B)(2)(I)) (a) _____
b. Other (4305.36(B)(2)(iv))

Amount	Source
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
TOTAL	_____

(Gross Income II.F) times .05 = III C.7 _____
5. _____ minus _____ = b. _____
6.a) _____ +b) _____ = III.C9 _____

D. REAL ESTATE TAXES (4305.36(B)(2)(v)) III.D _____

E. LIVING ALLOWANCE (4305.36(B)(2)(iv))

1. No. of Dependents _____ times **\$4,300.00** = _____
(I.C.) (III.E.1)
2. _____ plus \$9,000 + III.E.2 _____ III.E.2 _____
(III E.I)

F. OTHER DEDUCTIONS _____
(specify on back of this form)

G. TOTAL
1. Mandatory Deductions (III.A.9) _____
2. Child Care Expenses (III.B) _____
3. Medical Expenses (III.C.9) _____
4. Real Estate Taxes (III.D) _____
5. Living Allowance (III.E.2) _____
6. Other (III.F) _____
7. TOTAL (III.G.7) _____

IV. DETERMINING DISCRETIONARY INCOME

_____ minus _____ - IV _____
Gross Income (II.F) Total Deductions (III.G.2) Discretionary Income
Use this amount in determining monthly maximum liability from Appendix A.

V. TURN TO APPENDEX A AND DETERMINE MONTHLY MAXIMUM LIABILITY

Enter these amounts below
Non-Residential Maximum Liability _____
Residential Maximum Liability _____
Comments:

Title XX Eligible Yes _____
Full P.I. Yes _____

_____ Date

Signature of Person Completing Form

I hereby certify that this information is true and correct to the best of my knowledge and belief.

_____ DATE

_____ SIGNATURE OF LIABLE PERSON