

**MID-SOUTH SUBSTANCE ABUSE COMMISSION
DETERMINATION OF FINANCIAL ELIGIBILITY WORKSHEET FOR SUBSTANCE ABUSE SERVICES**

PROGRAM NAME _____ DATE COMPLETED _____

CLIENT NAME _____ CLIENT SSN _____

I. CURRENT GROSS INCOME
(Use **yearly gross** income figures, rounded to the nearest whole dollar.)

	<u>Weekly</u>	<u>Yearly</u>
Client's Income: 1) \$ _____	\$ _____	\$ _____
ADD: (where applicable)		
Spouse's Income 2) + \$ _____	\$ _____	\$ _____
Father/Guardian Income 3) + \$ _____	\$ _____	\$ _____
Mother/Guardian Income 4) + \$ _____	\$ _____	\$ _____
Other Additional Income 5) + \$ _____	\$ _____	\$ _____
<small>(Other examples: SSI, Unemployment, Worker's Comp, Child Support)</small>		

SPECIFY OTHER _____

SUBTOTAL INCOME: 6) \$ _____ \$ _____

DEDUCT: Annual Child Support Payment 7) \$ _____ \$ _____

TOTAL INCOME: 8) \$ _____ \$ _____

II. DEPENDENTS
Number of Dependents Living in Home (Includes Client) _____

III. WAIVER/ADJUSTMENT REQUESTS (attach appropriate documentation to support reasoning):

Submitted by _____ Date _____

MSSAC Approval Date: _____

DETERMINED CLIENT ABILITY TO PAY:

Individual & Family (hourly)	\$ _____
Group Session (hourly)	\$ _____
Methadone Dosage	\$ _____
IOP (Daily)	\$ _____
Residential & Detox (Daily)	\$ _____

Program Director Signature _____ Date _____

Client Signature _____ Date _____