Substance Use Disorder NEW DETERMINATION Detailed Worksheet of Assessed Consumer Fee

| ASSETS: CASH: | CHECKING ACCOUNT: | SAVINGS ACCOUNT: | |
|---|---|--|---|
| OTHER ASSESTS (Cert | ificates of Deposit, Stocks, Bonds, Dividen | ds, Interest Income from Estate or | Trust): |
| ANNUAL GROSS INCO | ME (Not Michigan State Tax Return Amour | nt): | |
| Chandand barrain a and re | :::::::::::::::::::::::::::::::::::::: | MONTHLY | <u>ANNUALLY</u> |
| | cility expense (effective 3/31/14) for County on dutility Allowable Living Expense: | it Residency | |
| | | | |
| Rent or Mortgage House | Payment (Include Taxes & Insurance) | -or- | -or- |
| Maintenance | | | |
| Utilities (Gas, Electric, To Subtotal | elephone, Water/Sewer) | | |
| ** Food, Clothing and Mi | scellaneous expense | | |
| Taxes (FICA, Federal, S | • | | |
| · | ises (Includes Insurance) | | |
| Automobile Loan Payme | nts | | |
| Automobile Insurance Pr | remiums | | |
| Employment/Business E | xpenses | | |
| Medical Expenses (Net | Of Reimbursement) | | |
| Life and Medical Insuran | ce Premiums | | |
| Day Care/Nursery School | bl | | |
| Education Expenses | | | |
| Child Support/Alimony | | | |
| Other Payments (List): | | | |
| | | | |
| | | | |
| TOTAL EXPENSES: | | | |
| *To obtain standard amount ** Cap set by MDHHS effecti | refer to www.irs.gov/business/small/article/0,,id=1 ve October 1st each year. | 104915,00.html | |
| ***Transportation: expense is | s determined by using one of the following method indard mileage rate (this rate includes car paymer | | |
| I certify that the above is an a in writing within 30 days. | accurate account of my expenses. If I am not sati | sfied with my New Determined Fee, I ca | n request a hearing before the Hearing Offi |
| Consumer/Guarantor (Res | sponsible Party) Signature | | Date |
| Snouse's Signature (not re | equired if spouse no taxable income) | | Date |

Substance Use Disorder NEW DETERMINATION Full Financial Review of Income and Expenses Worksheet

| PROTECTED ASSETS: | | SSETS: | \$2,000.00 | Individual | | | | |
|--|---|---|---------------------------------|-------------------------|-------------|--|--|--|
| | | | \$3,000.00 | Individual & Spouse | | | | |
| | | | (+) \$250.00 for ea | ach additional Depender | it | | | |
| PROTECTED INCOME: | | | \$768.00 | Individual | | | | |
| | | _ | \$1536.00 | Family of Two | | | | |
| | | | (+) \$384.00 | each additional fam | nily member | | | |
| AVAII | LABLE AS | SSETS: | | | | | | |
| 1) | Ability | y to Pay (Perso | onal – <u>NET ASSETS</u>): | | | | | |
| | a). | Total value | of available assets | | \$ | | | |
| | b). | Protected A | Assets (-) | | \$ | | | |
| | c). | Net Value o | \$ | | | | | |
| 2) | Ability to Pay (Personal – <u>NET INCOME</u>): | | | | | | | |
| | a). | Total Gross | Income | | \$ | | | |
| | b). | *Total Annı | ıal Expenses (-) | | \$ | | | |
| | c). | Protected I | ncome (-) | | \$ | | | |
| | d). Net Income | | | | \$ | | | |
| 3) | Annu | Annual Personal Ability to Pay (<u>MAXIMUM</u>) | | | | | | |
| | a). | Net Value o | of Available Assets(1c) |) | \$ | | | |
| | b). | Net Income | e (2d) | | \$ | | | |
| | C. | Annual Per | sonal Liability (3a + 3b) | \$ | | | | |
| 4) | Ability | Ability to Pay for Non-Residential Services (MONTHLY) | | | | | | |
| | a). | Annua l Per | sonal Liability – <i>Maximu</i> | ım (3c) | \$ | | | |
| | b). | Personal Li | ability (Line 4a ÷ 12) | | \$ | | | |
| | | - /D | 71. B. (1) 0; (| | | | | |
| Consi | umer/Guar | antor (Respons | sible Party's) Signature | | Date | | | |
| Spouses Signature (not required if spouse has no taxable inc | | ble income) | Date | | | | | |
| Preparer Signature | | | Date | | | | | |
| Super | rvisor's Sig | nature | | | Date | | | |