

Financial Profile Verification Request

Client Name: _____

DMH Client ID #: _____

<input type="checkbox"/> Identification – Provide any ONE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Driver’s License <input type="checkbox"/> California Identification Card <input type="checkbox"/> Passport <input type="checkbox"/> Any governmental issued identification with a photo <input type="checkbox"/> Other photo ID
Proof of Third Party Benefits <ul style="list-style-type: none"> <input type="checkbox"/> Medi-Cal card (Benefits Identification Card) <input type="checkbox"/> Medicare card <input type="checkbox"/> Private Insurance card: _____ <input type="checkbox"/> Additional Private Insurance card: _____
<input type="checkbox"/> Lifetime Extended Signature Authorization Form
<input type="checkbox"/> Insurance Authorization and Assignment of Benefits Form
Proof of Income and Employment for: <ul style="list-style-type: none"> <input type="checkbox"/> Client <input type="checkbox"/> Financially Responsible Party <input type="checkbox"/> Spouse of Financially Responsible Party <p>Provide verification of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pay stubs (most recent 3 pay periods or the last 30 days) <input type="checkbox"/> Self-Employment income <input type="checkbox"/> In-Kind form <input type="checkbox"/> Tax returns <input type="checkbox"/> Award letter (Unemployment/Social Security Benefits/Veterans/Worker’s Compensation) <input type="checkbox"/> Other: _____
Proof of Liquid Asset for: <ul style="list-style-type: none"> <input type="checkbox"/> Client <input type="checkbox"/> Financially Responsible Party <input type="checkbox"/> Spouse of Financially Responsible Party <p>Provide verification of the following:</p> <ul style="list-style-type: none"> <li style="width: 33%;"><input type="checkbox"/> Checking Account <li style="width: 33%;"><input type="checkbox"/> Savings Account <li style="width: 33%;"><input type="checkbox"/> IRA <li style="width: 33%;"><input type="checkbox"/> CD <li style="width: 33%;"><input type="checkbox"/> Market Value of Stocks <li style="width: 33%;"><input type="checkbox"/> Bonds <li style="width: 33%;"><input type="checkbox"/> Mutual Funds
Proof of Allowable Expenses <ul style="list-style-type: none"> <li style="width: 50%;"><input type="checkbox"/> Court ordered obligations paid monthly <li style="width: 50%;"><input type="checkbox"/> Monthly childcare payments (necessary for employment) <li style="width: 50%;"><input type="checkbox"/> Monthly dependent support payments <li style="width: 50%;"><input type="checkbox"/> Monthly medical expense payments <li style="width: 100%;"><input type="checkbox"/> Monthly mandated deductions from gross income for retirement plans (Do not include Social Security)
Additional Comments

Provide all requested verification at your next visit on: _____

(Failure to comply with the above verification could result in responsibility for the full cost of care)