LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION

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			1000000 // L	1 0: 0:	0.7: 0.1.)						
POUSE'S EMPLOYER		SPOUSE ADDRESS (Include City							SPOUSE'S SS #		
			POSITION	l	IF NOT EMPLOYED, DATE L WORKED						
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IEAREST RELATIVE/RELATIONSHI	Р		ADDRESS (Inclu	ıde City, State	& Zip Code)			TEL#			
IDAP LIABILITY DETE	RMINATION							<u> </u>			
21 LIQUID	1 LIQUID ASSETS				EXPENSES	23	ITHLY INCOME				
avings \$			rt ordered obli		_	GROSS MONTHLY INCOME					
			monthly		\$	Self/Pa		\$			
Checking Accounts \$			thly childcare nents (necessa	ry for	\$	Spous	е		\$		
RA, CD, Market value of \$			loyment) thly dependen	nt	Φ.	Other			\$		
stocks, bonds and mutual funds			ort payments		D		HOUSEHO	OLD \$			
OTAL LIQUID ASSETS		thly medical ex nents	xpense	\$	INCOM		∩Y 21 ± ¢				
Less Asset Allowance \$			thly mandated				_ FROM BO	M Z I + 1	\$		
			uctions from gr me for retireme		\$	SUBTO	\$				
Net Asset Valuation \$			s. (Do not inclu al Security)	Ψ	LESS TOTAL FROM BOX 22 - \$						
Nonthly Asset Valuation Divide Net Asset by 12)		ai Security) I l Allowable E x	xpenses	\$	Adjus	ted Monthl	ly Income	\$			
ERIFICATION OBTAINED		IFICATION C		☐ YES ☐ NO							
lumber Dependent on Adjuste Ionthly Income (Client included		BILITY	Al	NNUAL CH	IARGE PERIOD	F	Payment P	lan \$	per mont		
			FROM		_то	f	or <u> </u>	2 🗆 3 🗆 4 🗆 5	$5 \square 6$ month		
HER RIOR MENTAL HEALTH TREA YES NO WHERE:	TMENT DURING CUR	NUAL CHARGI	E PERIOD	FROM	ОМ ТО			CURRENT ANNUAL LIABILITY BALANCE			
NNUAL LIABILITY ADJUSTED BY		DATE	REASON ADJUSTED								
NNUAL LIABILITY ADJUSTMENT		DATE	Other (describe below)								
an explanation of the UMDAF					PROVIDER NAME AND NUMBER						
	ζ							d on line 24			

機密客戶資訊

酒	戶資訊		付款人財務資訊								參見	見衛生與機構法規第 5328 節					
1	客戶姓名	≒姓名				社會安全號碼					DMH 客戶	MH 客戶 ID #			家庭登記#		
2	娘家姓氏				出生日期							配偶/伴侶/重要他者的姓名					
3	寄養□是□否	犯罪受害者 退伍軍人 口是 口否 口是 口否			工人補償金 無家可歸口是口否 口是口			昂				9特殊人群:					
4		」定 し 古 日定 日古 日本															
角	三方資訊																
5	MEDI-CAL 口是 口否	MEDI-CAL ECM 計畫名稱 MEDI-CAI 口是 口否					L 縣代碼/援助代碼/CIN#					費用分攤 分攤金額 口是 口否 \$			等待 MEDI-CAL □是 □否		
6	等待SSI □是 □否	SSI 申請E	行福利評估 不輕 □ 否 轉介日期					DI-CAL/S	SSI 有資格者	參加福利評估的	的原因	原因					
7	MEDICARE □是 □否	MEDICARE 號	碼 (MBI)	已簽署終	身延長簽名							IEDI-GAP 是 口否	TRICARE CHAMPVA 口是 口否				
8	HMO/PPO □是□否										參保人保單 ID #						
9	, -	日 定 日 百 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日									已簽署保險授權和利益轉讓表 □是 □否						
10	其他 HMO/PPO □是 □否					參保人保					多保人姓名						
1	精神健康索賠的承保力		<u> </u>		I						已簽	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
fs	 款人資料 (客F		<u>()</u>														
12	付款人姓名				與客戶的關係 出生			生日期						付款人 CDL/CAL ID/其他 ID			
13	付款人地址				1	城市					州	郵遞區號	,,,,,	電話號碼			
14	收入來源: □ 薪□ SSI □ GR □	水 口自雇 口IVA 口其他公共									號碼						
15	雇主	主 主						職務						如果失業,最後工作日期			
16	雇主地址 (包括城市、	州和郵遞區號)								電話號碼							
17	配偶		地址	地 (包括城市、州和郵遞區號)							配偶的社會安全號碼						
18	配偶的雇主													如果失業,最後工作日期			
19	配偶的雇主地址(包括								電話號碼								
20	最近的親屬/關係	地址	上 (包括城市、	州和郵遞	區號)				電話號碼								
U	UMDAP 支付限額確定																
	21	1 流動資產			22		的支出	出 23			調整後月收入]收入			
	儲蓄	\$			】 法庭命令按月支付的債務 \$_							總月收入					
	支票帳戶	帳戶 \$			】 按月支付的托兒費(就業所 _←							本人/付款人 \$			\$		
	IRA、CD、股票、f	CD、股票、債券和共			需)										\$		
	同基金的市值	基金的市值 \$			按月支付	的受撫養人	\$			其他		\$					
	流動資產總額	資產總額 \$			按月支付的醫療費用 \$_										5		
	減去允許的資產限額	去允許的資產限額 \$			總收入中的退休計畫每月強				第 21 欄總計 				+ \$ + \$				
	淨資產估值	資產估值 \$			制扣款(不包括社會安全金付款)								ф.				
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	12)	12)				已獲取證明 □是 □否					□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
		周整月收入的受撫養人數 年度支付限額				年度收費期					付款計畫\$每月						
24	(包括客戶)	(包括客戶)				华至					持續 □1 □2 □3 □4 □5 □6 個月						
ţ	地																
25	當前年度收費期間 □是□否何處:		<u>———</u> 治療					從			至		當前年	度支付限額	 6餘額		
	年度支付限額調整者							日期					4 (在以下填寫客戶簽名日期)				
26	年度支付限額調整批准	年度支付限額調整批准者						日期日期日末日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日					說明)				
27	訪調員簽名										提供者名稱和電話						
28	我確認據我所知,「 客戶或財務負責人		確,並且我	同意第 24	行所述的	付款計畫			я								