

MONTANA CHEMICAL DEPENDENCY CENTER 525 EAST MERCURY STREET BUTTE, MONTANA 59701

CONFIDENTIAL FINANCIAL STATEMENT

In order to make an evaluation, you must include copies of the following documentation if applicable. The below list of expenses and incomes are most typical. Please provide any additional items for our review. Provide this information for you and your spouse.

INCOME (including but not limited to the following):

- ✓ Most recent paystub or if self-employed copy of tax return
- ✓ Current checking/savings account statement(s)
- ✓ Stocks/Bonds certificate(s)
- ✓ Individual accounts such as (IRA) or 401-K- current value
- ✓ Mutual Funds or any retirement, Social Security Income, (pension, Railroad, etc.) monthly amount

EXPENSES (including but not limited to the following):

- ✓ Housing expenses such as mortgage or rent, heat and/or electricity and phone
- ✓ Vehicle payment and/or insurance premium
- ✓ Court ordered debt or Child Support
- ✓ Medical bills and/or premiums
- ✓ Representative payee fee
- ✓ Day care expense

PLEASE PROVIDE ANY COPIES OF INSURANCE, MEDICARE, OR MEDICAID THAT MAY HELP COVER A PORTION OF YOUR TREATMENT.



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DECLARATION PAGE

I declare the information that I have provided is accurate to the best of my knowledge. I hereby authorize the release to the Department of Health and Human Services to obtain/release financial information.

Name:					
Contac	et phone number:				
Please	check below:				
Guardi	an Power of Attorney_	Rep-	Payee	Other	
		Signature of f	inancially respo	nsible person	Date
If applicable please include number of dependents/children with ages.					
Self _	DOB_		Social Securi	ty number	
Dependent/SpouseDOB Social Securit				ty number	
	PLEASE CHECK HERE IF YOU HAVE NO INCOME				
	PLEASE CHECK HERE IF YOU HAVE INCOME SOURCE MONTHLY AMOUNT				
	I AM ABLE TO PAY FULL COST				

Please fax Financial Declaration and Supporting Documents to: 406-496-3872 Montana Chemical Dependency Center Attention: Peggy Bennetts

525 E. Mercury Butte MT 59701