STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

# STANDARD MEANS TEST FINANCIAL QUESTIONNAIRE

| FACILITY | DATE | CLIENT'S DOB | CLIENT'S SOCIAL SECURITY NUMBER | | |
|---|---|---|---|---|---|
| CLIENT'S LAST NAME FIRST M.I. | | CASE NUMBER | DATE ADMITTED | MEDICARE NUMBER | |
| MEDICAID NUMBER | IF SCHOOL-AGED, NAME OF DOMICILE SCHOOL DISTRICT | | NO. IN HOUSEHOLD | IF VETERAN, DATES OF SERVICE | |
| BRANCH OF SERVICE | SERVICE NUMBER | PREVIOUS ADDRESS (IF CHANGED IN LAST 6 MONTHS) | | | |
| NAME OF PERSON TO BE BILLED | STREET ADDRESS | | CITY-STATE-ZIP | PHONE | |

**(A) Does Client Have Health Insurance?** ☐ Yes ☐ No

| POLICYHOLDER | NAME AND ADDRESS OF HEALTH INSURANCE COMPANY | POLICY/GROUP NUMBER |
|---|---|---|
| | Name: Ph. | |
| | Address: | |
| | Name: Ph. | |
| | Address: | |

**(B) Is Client And/Or Financially Responsible Person of Client Employed?** ☐ Yes ☐ No

| NAME OF PERSON EMPLOYED | NAME AND ADDRESS OF EMPLOYER |
|---|---|
| | Name: Ph. |
| | Address: |
| | Name: Ph. |
| | Address: |

**(C) Income**

| LINE NO. | SOURCES OF INCOME | INCOME OF CLIENT | | | | INCOME OF SPOUSE OR PARENT(S) | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | YES | NO | AMOUNT | PAY PERIOD | YES | NO | AMOUNT | PAY PERIOD |
| 1 | Armed Forces Allotment | | | | | | | | |
| 2 | Boarders/Lodgers (Taxable Income) | | | | Month | | | | Month |
| 3 | Bonuses | | | | | | | | |
| 4 | Child Support | | | | | | | | |
| 5 | Civil Service Retirement | | | | | | | | |
| 6 | Dividends and Interest | | | | Month | | | | Month |
| 7 | Maintenance (Alimony) | | | | Month | | | | Month |
| 8 | Military Retirement | | | | Month | | | | Month |
| 9 | Pensions (Company and Union) | | | | | | | | |
| 10 | Railroad Retirement | | | | Month | | | | Month |
| 11 | Rents (Taxable Income) | | | | | | | | |
| 12 | Salary or Wages (Gross) | | | | | | | | |
| 13 | Self-Employment (Taxable Income) | | | | | | | | |
| 14 | Social Security | | | | Month | | | | Month |
| 15 | S.S.I. | | | | Month | | | | Month |
| 16 | Tips and Gratuities | | | | | | | | |
| 17 | Unemployment Compensation | | | | Week | | | | Week |
| 18 | Veterans Benefits | | | | Month | | | | Month |
| 19 | Workers Compensation | | | | 2 Weeks | | | | 2 Weeks |
| 20 | Other | | | | | | | | |

**(D) Income Conversion (For Department of Mental Health Use Only)**

| LINE NO. SECT. (C) | AMOUNT | PAY PERIOD | MULTIPLIER X | MONTHLY INCOME | LINE NO. SECT. (C) | AMOUNT | PAY PERIOD | MULTIPLIER X | MONTHLY INCOME |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Less: Extraordinary Medical Expenses** | | | | | **Less: Extraordinary Medical Expenses** | | | | |
| Total Monthly Income | | | | | Total Monthly Income | | | | |
| **Rate Per Month From Standard Means Test Table $** | | | | | **Rate Per Month From Standard Means Test Table $** | | | | |