

(E) Is Any Other Member Of Your Household Receiving Services Through (By) DMH? Yes No

If two or more members of a household receive services in the same month, the Provider shall charge no more than the amounts determined for one recipient.

(F) Does Someone Else Receive Client's Government Check? Yes No

Name: _____ Street Address: _____

City: _____ State/Zip: _____ Ph. _____

(G) Name of Parents or Spouse, If Applicable

FIRST	NAME		RELATIONSHIP TO CLIENT	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NO.	VETERAN?	
	M.I.	LAST					YES	NO

Sections H through J is to be omitted if client is not long term.

(H) Does Client And/Or Client's Spouse Have Personal Property? Yes No

DESCRIPTION	YES	NO	IN WHOSE NAME	LOCATION	VALUE
Bonds					
Business Equipment					
Cash					
Checking Account					
Farm Equipment					
Farm Grain and Produce					
Farm Livestock					
Farm Machinery					
Loans (Not Secured)					
Mobile Home					
Mortgages Owed To You					
Notes Owed To You					
Claims in Probate Court					
Savings Account					
Stock					
Time Certificates					
Trust Funds					
Other					

(I) Does Client And/Or Client's Spouse Own Real Property? Yes No

DESCRIPTION AND LOCATION OF REAL PROPERTY	WHOSE NAME IS ON THE DEED?	WHO HOLDS THE MORTGAGE?	CURRENT VALUE	AMOUNT OWED?

(J) Does Client Have Life Insurance And/Or A Prepaid Burial Plan? Yes No

NAME OF COMPANY	TYPE	POLICY NO.	FACE VALUE	PREMIUM	HOW OFTEN PAID?
	Burial				
	Life				

(K) Remarks

(L) Certification

I hereby certify that I have not knowingly withheld any information on income or other financial resources and the amounts I have disclosed are true and correct to the best of my knowledge.

SIGNATURE _____

RELATIONSHIP TO CLIENT _____ DATE _____

SIGNATURE OF INTERVIEWER _____ DATE _____