

## FINANCIAL RESPONSIBILITY AND INFORMATION

If the client is seeking treatment without the knowledge or consent of a parent or authorized representative, the information given below should be based only on the client's financial information. If the client is seeking treatment with the knowledge and/or consent of a parent or authorized representative, the information given below should be based on the parent or authorized representative's financial information.

Client's Name: \_\_\_\_\_

Parent or authorized representative's name: \_\_\_\_\_

Do you and/or your family have health coverage?  YES  NO  N/A

Were you provided a referral to 2-1-1 and Medi-Cal or Covered California?  YES  NO

Medi-Cal eligible:  Yes  No Do you currently have Medi-Cal?  YES  NO

Cal-Works Recipient:  Yes  No

Number dependent on income (*including self*): \_\_\_\_\_

Gross Family Income (*before taxes*) \$ \_\_\_\_\_

Court-ordered revenue and recovery expenses  
(*Client may be asked to provide proof of payments*) \$ \_\_\_\_\_

Adjusted income (*gross minus court expenses*) \$ \_\_\_\_\_

Fee based on sliding scale \$ \_\_\_\_\_

Adjusted fee \$ \_\_\_\_\_

Reason for fee adjustment: \_\_\_\_\_

### Indigent Clients

It has been determined that it is an important treatment tool to require clients to pay a minimum fee even when indigent. This helps clients value and take responsibility for treatment. Although no service will be refused due to client's inability to pay, the fee is owed to the program.

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I affirm that the statements made herein are true and correct to the best of my knowledge:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or authorized  
Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Screened by: \_\_\_\_\_ Date: \_\_\_\_\_