



Income Attestation Form

Client name: _____

Client ID# _____

I understand that I must provide proof of income in order to set my fee for services received at Community Reach Center. This is according to the State of Colorado Department of Human Services, Division of Mental Health Ability to Pay schedule.

I will provide Community Reach Center with such evidence for each member of my family who contributes to the household income. Income includes wages earned, retirement, child support, maintenance/alimony, investment income, money received from public assistance, and cash received as a gift to aid in the support of the family.

____ I currently receive Social Security Income in the amount of \$_____ per month

____ I currently receive Social Security Disability Income in the amount of \$_____per month

I do attest that my total household income is \$_____ () per year () per month

This income supports_____ adults (including myself) and _____ children under age 18.

____ Consumer is Minor consenting to treatment

I understand that this information needs to be updated yearly and I may be asked to sign this form at such time.

Client's signature

Date

Witness (CRC Staff)

Date