Shasta County Mental Health
2640 Breslauer Way, Redding CA 96001
(Phone) 530-225-5252 (Fax) 530-225-3870

Uniform Method of Determining Ability to Pay

UMDAP Financial Information

Today's Date: _____

☐ New ☐ Update

(1) Family Registration

Last Name of Family: _____ Activation Date: _____

Address: _____

_____

(2) Family Members

Name	Type *	Relationship to Head of Household	Start of Family Membership

* Head of household, in-house family member, out-of-house family member, extended family

(3) UMDAP Information - Start Date of UMDAP Year:

Financial Liability	Asset Determination	Allowable Expenses
Gross Monthly Income Resp Person	Savings:	Court Ordered Obligations paid Monthy
Gross Monthly Spouse:	Bank Balances:	Monthly Child Care:
Gross Monthly Other:	Market Value of Stocks:	Monthly Dependent Support Payments:
Number Dependents on Income:	Market Value of Bonds:	Monthly Medical Expenses:
Adjusted Gross Monthly Income: _____	Market Value of Mutual Savings:	Amt of Medical Expenses Excluded:
	Market Value of Other:	Monthly Deductions for Retirement Plan:

(4) UMDAP Amount and Responsible Party

Calculated UMDAP Annual Liability: _____ Minimum Mponthly Payments: _____

Financially Responsible Party: _____ Relationship: _____

Address: _____ Phone: _____

_____

Responsible Party Signature: _____

Date: _____

Print Form

UMDAP Financial Information

Client:	
Chart #	DOB: