

MAUMEE VALLEY GUIDANCE CENTER
FINANCIAL REVIEW REMINDER

Client Name:	Case #:
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The Four County ADAMhs Board requires verification of your income, residency, and household family size **every six months** to be eligible for the care subsidy program. The following information below is needed from you within **30 days** or today's service will not be eligible for coverage.

1. Paycheck stubs – 2 most recent, consecutive check stubs, with pay periods listed on stub.
2. Disability income award letter – no bank statements accepted.
3. Child Support or alimony – paid or received.
4. Retirement income, pension, or military pay.
5. Investment income such as interest, dividends, etc....
6. All other income – Business or Farm Income, etc....
7. Worker's comp benefits or unemployment earnings
8. Proof of residency (**Current = dated within 45 days of verification**). **Address cannot only be a P.O. Box:**
 - a. Current SSI /SSDI Benefit Eligibility Statement with county address the same as declared county of residence.
 - b. Current Ohio Medicaid Card or other documentation from ODJFS that shows that county address is the same as declared county of residence.
 - c. Current mortgage statement or mortgage payment with county address the same as declared county of residence.
 - d. Current rent receipt with county address the same as declared county of residence.
 - e. Current Utility Bill in Client /Parent /Guardian's name (gas, electric, water, cable, internet, or phone) with county address the same as declared county of residence.
 - f. Current bank statements, letters from local, state, or federal government agencies, legal documents, credit card statements, EOB's from insurance companies, Auto/Home insurance statements, or wage (paycheck) statements with county address the same as declared county of residence.
 - g. Current Active Status Voter Registration with county address the same as declared county of residence.
 - h. Current W-2 / Tax documentation, current vehicle registration, current real estate tax documents with county address the same as the declared county of residence.
 - i. Notarized statement from a County Court (Municipal or Common Pleas) or Federal or State Parole Office, located in the declared county of residence, with the **individuals' photo** and with county address the same as declared county of residence.
 - j. If homeless, a Homeless Verification form completed by staff of an area homeless shelter **AND** the individual states that they intend to be a resident of Defiance, Fulton, Henry, or Williams counties.
9. Need to apply for Medicaid (if no income or 90-100% subsidy)– show proof of application – bring in denial or acceptance letter once received.

I decline to provide the requested financial information and understand that I am not eligible for financial assistance through the ADAMHS Board. I acknowledge that I will be responsible for the full cost of services.

ESTIMATED AMOUNT: ____ \$165 therapy ____ \$325 Medication Mgt