

Financial Assistance Application

Client Name: _____

Date: _____

Client ID: _____

Household Income		# of Dependents		Client Liability	
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Service Type	Base Fee	Client Responsibility
E&M (Med Visit)		
Family Therapy ¹		
Group Therapy ¹		
Individual Therapy ¹		
Substance Use Therapy ¹		
Intake Assessment		

¹Fees based on one-hour session.

*Household Income is based on gross annual income. This would be the amount before taxes are deducted from your pay.

*Psych Testing and Court-ordered SUD assessments are not applicable to the sliding fee scale.

Kansas Set Off Program

I, _____, acknowledge that I have been provided information on the Kansas Set Off Program.

Print Client Name

The following procedures outline the Kansas Set Off Program in place at Crawford County Mental Health Center.

_____ I understand that the Kansas Set Off Program is governed by KSA 75-6201 et seq. which allows the Department of Administration to set off monies the State of Kansas owes vendors and individuals against debts those entities owe to the State of Kansas, with municipalities becoming eligible to participate in 1996.

_____ The amount of debt must be over \$25 to be submitted to the Kansas Set Off Program. State payment files that are matched to debtor information that debts can be subtracted from include: state payroll, individual tax refunds, miscellaneous state payments, homestead tax refunds, unclaimed property, Kansas Public Employee Retirement, and prize winning payments from state owned casinos.

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_____ After 3 attempts by the agency to collect payment due, in the form of monthly statements, or any other type of notifications, without client payment or contact, the agency will turn over the appropriate balance due to the Kansas Set Off Program.

The agency will make every attempt to inform clients in-person at their last appointment before balances are submitted to the Kansas Set Off Program.

_____ Client balances that are outstanding and submitted to the Kansas Set Off Program, will be applied. *For example, if a client has a determined responsibility rate of 10% of charges, then the total client balance will again be reduced to the appropriate rate (i.e. 10%) and that amount will be submitted to the Kansas Set Off Program.*

_____ Clients may submit in writing, a request to the agency explaining any difficulties or barriers in making payment for services, which will be reviewed by the Executive Director for any exceptions or modifications to client liability as determined by the financial assistance application process, which must be completed and submitted on an annual basis for participation in discounts offered through the sliding fee scale.

Client or Guardian Signature

Date

Witness Signature

Date