**Substance Use Disorder**  
**NEW DETERMINATION**  
**Detailed Worksheet of Assessed Consumer Fee**

**ASSETS:**  
CASH: ___________  
CHECKING ACCOUNT: ___________  
SAVINGS ACCOUNT: ___________  

**OTHER ASSETS** (Certificates of Deposit, Stocks, Bonds, Dividends, Interest Income from Estate or Trust): ___________

**ANNUAL GROSS INCOME** (Not Michigan State Tax Return Amount): ___________

<table>
<thead>
<tr>
<th></th>
<th>MONTHLY</th>
<th>ANNUALLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard housing and utility expense</strong> (effective 3/31/14) for County of Residency</td>
<td>-or-</td>
<td>-or-</td>
</tr>
<tr>
<td>Rent or Mortgage House Payment (Include Taxes &amp; Insurance)</td>
<td>___________</td>
<td>-or-</td>
</tr>
<tr>
<td>Maintenance</td>
<td>___________</td>
<td>-or-</td>
</tr>
<tr>
<td>Utilities (Gas, Electric, Telephone, Water/Sewer)</td>
<td>___________</td>
<td>-or-</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td><strong>Food, Clothing and Miscellaneous expense</strong></td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Taxes (FICA, Federal, State, City)</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td><strong>Transportation Expenses</strong> (Includes Insurance)</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Automobile Loan Payments</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Automobile Insurance Premiums</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Employment/Business Expenses</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Medical Expenses (Net Of Reimbursement)</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Life and Medical Insurance Premiums</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Day Care/Nursery School</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Education Expenses</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Child Support/Alimony</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Other Payments (List):</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

**TOTAL EXPENSES:**

- To obtain standard amount refer to [www.irs.gov/business/small/article/0, id=104915,00.html](http://www.irs.gov/business/small/article/0, id=104915,00.html)  
- Cap set by MDHHS effective October 1st each year.

**Transportation:** expense is determined by using one of the following methods (Do not use a combination of both 1 & 2):  
1) The IRS approved standard mileage rate (this rate includes car payment, gas, oil, insurance and all necessary maintenance for the vehicle)  
2) Actual expenses

I certify that the above is an accurate account of my expenses. If I am not satisfied with my New Determined Fee, I can request a hearing before the Hearing Officer in writing within 30 days.

Consumer/Guarantor (Responsible Party) Signature ___________________________  
Date ___________________________

Spouse's Signature (not required if spouse no taxable income) ___________________________  
Date ___________________________
Substance Use Disorder

NEW DETERMINATION

Full Financial Review of Income and Expenses Worksheet

PROTECTED ASSETS:  
$2,000.00 Individual  
$3,000.00 Individual & Spouse  
(+) $250.00 for each additional Dependent

PROTECTED INCOME:  
$768.00 Individual  
$1536.00 Family of Two  
(+) $384.00 each additional family member

AVAILABLE ASSETS:

1) Ability to Pay (Personal – NET ASSETS):
   a). Total value of available assets $ _____  
   b). Protected Assets (-) $ _____  
   c). Net Value of Available Assets $ _____

2) Ability to Pay (Personal – NET INCOME):
   a). Total Gross Income $ _____  
   b). *Total Annual Expenses (-) $ _____  
   c). Protected Income (-) $ _____  
   d). Net Income $ _____

3) Annual Personal Ability to Pay (MAXIMUM)
   a). Net Value of Available Assets (1c) $ _____  
   b). Net Income (2d) $ _____  
   c). Annual Personal Liability (3a + 3b) $ _____

4) Ability to Pay for Non-Residential Services (MONTHLY)
   a). Annual Personal Liability – Maximum (3c) $ _____  
   b). Personal Liability (Line 4a + 12) $ _____

_________________________________________  ____________________________
Consumer/Guarantor (Responsible Party’s) Signature  Date

_________________________________________  ____________________________
Spouses Signature (not required if spouse has no taxable income) Date

_________________________________________  ____________________________
Preparer Signature Date

_________________________________________  ____________________________
Supervisor’s Signature Date

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