



**Community Mental Health of Ottawa County
Worksheet for Calculating ATP from Proof of Income**

Consumer Name and Number:

(Last Name) (First Name) (Number)

Does the Consumer have Medicaid or MI Child (y/n)?

(NOTE: For consumers with Medicaid Spend down mark "n" for Medicaid)

Does the Consumer need a Respite ATP calculated (y/n)?

GROSS INCOME from pay stub or other proof of income (Salary, Pension/Retirement benefits, or Self-Employment Income):

Proof of income provided (y/n)

of Dependents

Subtract the Exemption for Dependents:

of exemptions you claimed on your federal tax return _____ X \$5,000 = _____

of individuals who qualify for the following special exemptions:
Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled _____ X \$2,900 = _____

of qualified disabled veterans _____ X \$400 = _____

Taxable Income: _____ **\$0**

Monthly Ability to Pay **\$0**

IF BLANK, ENTER 0 IN ATP FIELD ON SUPPLEMENTAL DATA SCREEN. PLACE A COPY INTO THE CONSUMER'S CHART. OTHERWISE, ENTER THIS AMOUNT INTO THE AVATAR PM SYSTEM:

Enter in the "Monthly Maximum Responsibility" field found on the Customize Plan tab for the ATP Guarantor.

Respite Ability to Pay

DO NOT ENTER INTO THE AVATAR PM SYSTEM:

If there is an amount greater than zero, submit a copy of this form to the CMH Respite Specialist.

(Clerical Staff's Signature)

06/22/2023

(Date)

Chart #: 0