UMDAP
(Universal Method for Determining Ability to Pay)

El Dorado County Behavioral Health

Client Name:	Client ID #:	Today's Date:
Client DOB:	Client SSN:	Family Reg. #:
Type of UMDAP: ☐Request Services ☐New/Readmit ☐ Update	UMDAP PERIOD: / to /	

LIABILTY (based on Adj, Gross Income below):		**FAMILY SIZE** (client, spouse, dependent children):		☐ Client referred to DHS for MCAL Eligibility Determination

UMDAP CALCULATION

A. MONTHLY INCOME		**B. TOTAL ASSESTS**		**C. MONTHLY EXPENSES**	
CLIENT OR RESPONSIBLE PARTY:		**CHECKING** (enter the average checking acct. balance):		**COURT ORDERED** (amounts ordered by the court and are currently being paid):	
SPOUSE/GUARDIAN:		**SAVINGS** (enter the average savings acct. balance):		**CHILD CARE** (necessary as a result of parent working):	
OTHER (dividends, interest, rentals, child support, alimony, etc):		**OTHER** (any assets, personal or real property, that can be readily converted to cash – stocks, bonds):		**DEPENDENT SUPPORT** (a person dependent on family income for over 50% support and not included in Family Size above – parent, spouse, child):	
GROSS INCOME (total family income before allowances for taxes and other deductions):		**TOTAL ASSETS**		**MANDATORY RETIREMENT** (amount deducted from gross income for retirement and is condition of employment and is not elective):	
Plus MONTHLY ASSESTS (Column B)	**+**	**Less** ASSET ALLOWANCE (from chart)	**-**	**MEDICAL/DENTAL EXPENSE** **Less** 3% of Gross Income in Column A	
Less TOTAL EXPENSES (CALUMN C)	**-**	NET ASSETS			**-**
ADJ. GROSS INCOME		**MONTHLY ASSETS** (Net Assests/2)		**TOTAL EXPENSES**	

☐ I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY POTIONOF THE UMDAP LIABILITY NOT PAID BY INSURNACE OR OTHER SOURCES. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

☐ I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO PROVIDE FINANCIAL INFORATION AND THAT BY MY REFUSAL I AM LIABLE FOR THE FULL COST OF SERVICES RECEIVED.

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CLIENT/RESPONSBILE PARTY SIGNATURE DATE WITNESS SIGNATURE DATE