

**ROCK COUNTY HUMAN SERVICES DEPARTMENT**  
**APPLICATION FOR REDUCED MAXIMUM MONTHLY FEE**  
(Application Instructions are on Page 3)

This application should be used when payment of the maximum monthly fee, as calculated according to DHS 1.03(12), would create a documentable hardship on the family (such as the forced sale of the family residence or cessation of an education program).

Client Name (first/middle/last)	Client No.	Birthday (mo/day/yr)
Responsible Party (if different from client)	# of Legal Dependents	Maximum Monthly Fee
Social Security No.	Address (of responsible party)	City/State/Zip
		Home Phone

ASSETS				
	LOCATION OR DESCRIPTION	MARKET VALUE	AMOUNT OWED	NET VALUE
1. Cash on Hand (Savings/Checking)				
2. Insurance Cash Value				
3. Stocks/Bonds/IRA's				
4. Automobiles				
5. Recreation Vehicles				
6. Real Estate/Home Monthly Payment \$				
7. Other				
<b>8. TOTAL ASSETS</b>				

DEBTS			
CREDITOR (Do not list your mortgage payment here)	CREDITOR Address & Phone	AMOUNT DUE	MONTHLY PAYMENT
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
<b>18. TOTAL DEBTS</b> (enter here and on line 20)			

EXPENSES		INCOME AFTER TAXES	
EXPENSE ITEMS	MONTHLY PAYMENT	INCOME SOURCE	MONTHLY AMOUNT
19. Rent or Mortgage Payment		39. Your Wages	
20. Total Debts (Listed on line 18)		40. Spouse's Wages	
21. Food		41. Parents' Wages	
22. Utilities (Heat, Water, Electricity)		42. Rental Income	
23. Telephone		43. Disability Income	
24. Clothing		44. Retirement Income	
25. Insurance - Homeowners		45. Social Security	
26. Insurance - Car		46. Veterans' Administration	
27. Insurance - Other (Health, Dental, Life)		47. Child Support/Alimony	
28. Other Car Expenses (Gas, Oil, Upkeep)		48. Interest/Dividends	
29. Real Estate Taxes (Not included in line 19)		49. Unemployment Compensation	
30. Medical Expenses (not included in line 20)		50. Workmen's Compensation	
31. Employment Expenses		51. Other (List) -	
32. School Expenses		52.	
33. Other (List) -		53.	
34.		54. TOTAL INCOME	
35.			
36.		55. TOTAL INCOME (Line 54)	
37.		56. TOTAL EXPENSES (Line 38)	
38. TOTAL EXPENSES		57. EXCESS/DEFICIT (Line 55-56)	

EMPLOYMENT INFORMATION		
58. Your Employer	58. Address	58. Work Phone
59. Spouse's Employer	59. Address	59. Work Phone
60. Parent's Employer	60. Address	60. Work Phone
61. Parent's Employer	61. Address	61. Work Phone

REDUCED FEE AGREEMENT	
62. What is the maximum monthly fee as determined on the Financial Information Form?	
63. What is the excess/(deficit) listed on Line 57?	
64. What is the nature of the hardship that would occur if this maximum monthly fee were actually paid by the family?	
65. The responsible party requests a maximum monthly fee of:	
66. This fee shall be in effect from:	/ / until / /

RESPONSIBLE PARTY'S STATEMENT	
I affirm that the information in this application is accurate and I agree that the amount on line 65 is a true reflection of my ability to pay for care and services at this time.	
Signature of Applicant	Date
ADMINISTRATOR'S OR DIRECTOR'S STATEMENT	
Upon review of the information in this application, the request is:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved at Fee of <input type="checkbox"/> Denied
Signature of Administrator or Director	Date:

**Instructions for Completing the**

## Application for Reduced Maximum Monthly Fee

### General Section

Client No. - the case number assigned by the Rock County service provider.

Responsible Party - the person who is responsible for paying the bill.

No. of Legal Dependents - the number of exemptions claimed on your tax return  
**less** the number of working adults in the home.

Max Monthly Fee - your monthly payment assigned on the Financial  
 Information Form.

If you need more room for any of the following sections, attach a blank sheet of paper and list additional entries there. Make sure you specify in which section the entries belong.

### Assets Section

*Location or description* would be: name of bank or savings institution, checking/savings account number; insurance policy number; IRA number; name of corporation in which you own stock; year, make, and model of vehicle; address of home or other property; type of livestock or machinery.

*Market value* is the amount you would receive if you sold the property.

*Amount owed* is the total amount you currently owe someone else for financing the property.

*Net value* is the market value **less** the amount owed.

1. Total money in all savings and checking accounts.
2. Cash redemption value of life insurance policies.
3. Total value of all stocks, bonds, and individual retirement accounts.
4. All cars, trucks, and motorcycles.
5. All boats, campers, RV's, snowmobiles, and other vehicles.
6. Any and all real estate for which you possess a deed of ownership.
7. Examples: livestock, machinery, art.

Total all amounts in the *market value*, *amount owed*, and *net value* columns when finished.

### Debts Section

*Creditor* is the name of the person/organization to whom you owe money (auto loans, credit cards, medical bills, etc.).

*Amount due* is the amount it would take to completely pay off the loan.

*Monthly payment* is the amount you pay each month.

List each bank/credit card/creditor separately. Do not forget to include the telephone numbers. Total all amounts in the *amount due* and *monthly payment* columns when finished.

### Expenses Section

Record the amount you pay per month for each of the following:

19. Your rent payment **or** the total payment for the property listed on line 6.
20. The *monthly payment* total from line 18 on page 1.
21. The total amount you spend at the grocery store each month.

22. Total amount you pay for heating oil, natural gas, electricity, water, sewer, trash collection.
23. Your monthly basic phone charge.
24. The total you pay each month for clothing for yourself and your legal dependents.
25. The amount you pay to insure your home and possessions. If insurance is included in the mortgage payment on line 19, do not include it here.
26. The amount you pay to insure vehicles listed on line 4.

### **Expenses Section (cont.)**

27. The amount you pay to insure vehicles listed on line 5 plus premiums paid for life, health, and dental insurance.
28. The total you pay each month to operate the vehicles listed on line 4; operation costs include gasoline, oil, maintenance, and repairs.
29. The taxes you pay on property listed on line 6. If property taxes are included in the mortgage payment on line 19, do not include them here.
30. Medical, dental, and other health-related bills not covered by insurance. If you listed these payments in the *debts* section, do not include them here.
31. Job-related expenses not reimbursed by your employer.
32. Education-related expenses for yourself or your legal dependents, including: tuition, fees, books, supplies, room and board.
- 33-37. Other monthly expenses - be sure to specify the type of payment.
38. Total all the amounts in the *monthly payment* column.

### **Income After Taxes Section**

Paycheck stubs must be attached for all income listed in this section.

39. Monthly income of the client.
40. Monthly income of the client's spouse.
41. Monthly income of the client's parents or other responsible party.
42. Income from rental property.
43. Income from Social Security Disability or private disability insurance.
44. Income derived from any and all retirement plans or accounts.
45. Income received from the Social Security Administration not listed on lines 43 or 44.
46. Income received from the Veterans' Administration.
47. Payments received for the care of children or an ex-spouse.
48. Income from savings accounts, bonds, stocks, etc.
49. State or federal unemployment compensation.
50. Compensation received from insurance company, employer, or other entity for work-related accidents or injuries.
- 51-53. Other monthly income - be sure to specify the type of income.
54. Total all the amounts in the *monthly amount* column.
55. Enter the total from line 54.
56. Enter the total from line 38.
57. Subtract line 56 from line 55 and enter the result here and on line 63.

**Employment Information Section**

Enter the employer name, address, and phone number for each employed person in the household. Their income must be listed on lines 39-41.

**Reduced Fee Agreement Section**

62. Enter the Max Monthly Fee from page 1 - also found on the Financial Information Form.
63. Enter the amount from line 57.
64. Give a detailed explanation of the reason for this request.
65. Enter the amount you think you would be able to afford to pay each month.
66. *From* date is the beginning of the month in which the client requested the reduction. *Until* date is when the fee reduction will end.

**Responsible Party's Statement**

Sign and date the application, and mail to the address below:

N Cty Trk Hwy F  
 P.O. Box 1649  
 Janesville, WI 53547

**Administrator's or Director's Statement**

Leave blank.