

REVENUE REPORT
COUNTY MENTAL HEALTH AND
INTELLECTUAL DISABILITIES PROGRAM

COUNTY PROGRAM

PERIOD

from

to

	TOTAL (REPORT ON MH/ID 17-A)	PROGRAM SERVICE FEES	PRIVATE INSURANCE	MEDICAL ASSISTANCE	SOCIAL SERVICE GRANTS	FEDERAL STAFFING GRANTS
	(1)	(2)	(3)	(4)	(5)	(6)

I INCOME

A. Administrator's Office						
B. Community Services						
C. Case Management and Support						
D. Outpatient						
E. Inpatient						
F. Partial Day / Night Care						
G. Emergency Care						
H. Interim Care						
I. Vocational Rehabilitation						
J. Training and Social Rehab.						
K. Residential Arrangements						
L. Other Services						
M. Total	\$ -					

II OTHER REVENUE EARNED

III SUMMARY

A. Other Federal Funds	A. Total Revenues Reported in Sections I and II.	\$ -
B. Charities		
C. Interest		
D. Other Sources		
E. Total of Revenues (Sum of A, B, C & D of Section II)	\$ -	