

**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)						