



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE
ABUSE SERVICES

Per Session law 2017-57 Section 11F.18A.(c). (7) requires that “each group home that receives the monthly payments authorized by shall submit to the Department a list of all funding sources for the operational costs of the group home for the preceding two years, in accordance with the schedule and format prescribed by the Department”.

Group home providers will use this form to report all funding sources. Directions are noted below.

1. Complete the demographics section.
2. Please place an ‘X’ by the funding source used during the state-fiscal-years noted. If a funding sources is not noted, write in the sources using the ‘other’ category.

Demographics:

LME-MCO:

Provider Name: _____ Group Home Name: _____

Group Home Site _____

Address: _____

Street

City

Zip

Funding Sources:

Funding Source	SFY 2016-2017	SFY 2015-2016
Special Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>
General Assembly Appropriated Non-Medicaid Funds (State Funded)	<input type="checkbox"/>	<input type="checkbox"/>
Innovations Waiver Funding	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Private funds	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Personal Care Services (PCS)	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>