



**Columbia Community Mental Health
Pathways Financial Addendum – Food Stamp Contributions**

This document is to inform you on your rights and CCMH's business practices as it relates to food stamp contributions.

Food Stamp Contribution Stance:

In order to offset the costs of your treatment, you will be expected to contribute 100% of your food stamps per month, during the full course of your treatment. Someone will be available to help you with an application for food stamps as needed.

Food stamp contributions will be made on a bi-weekly basis. If you leave treatment early, you will not be eligible for a refund. However, you will be eligible to obtain the remainder of your food stamps benefits that has not been used.

Signature:

I, _____, have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction to you. I understand that, by signing this form, I am confirming my consent.

Signature: _____

Date: _____

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

Description of Authority to Act for the Individual: _____