

Department of Health and Social Services
Division of Senior & Disabilities Services

GENERAL RELIEF

CALCULATION SHEET FOR ASSISTED LIVING DAILY RATE

Client name:	Client number:
Provider name:	Client DOB:
Provider address:	SSN: UNKNOWN
Provider Fax:	
Provider Phone:	

CALCULATION OF CLIENT INCOME

NET MONTHLY INCOME AVAILABLE TO CLIENT:	\$0.00
X 12 months / divided by 366 days	\$0.00
PER APS SUPERVISOR	(Client's daily share)

APS DAILY RATE SEPTEMBER 2016

GENERAL RELIEF APPROVED TO: _____				
\$70.00	-	\$0.00	=	\$70.00 _____
Standard payment rate		Client daily share	SDS/GR Rate	Effective date for SDS/GR Rate

Division of Public Assistance:	_____ (fax)
Care Coordinator:	_____ (fax)