Sumter
BEHAVIORAL HEALTH SERVICES
POST OFFICE BOX 39 · 755 ELECTRIC DRIVE, SUMTER, SOUTH CAROLINA 29153
Office: (803) 905-5100 · Office Fax (803) 905-5171 · Website: www.sumterbhs.org

Dear Customer,

It is the goal of Sumter Behavioral Health Services to provide quality and professional services to the citizens of Sumter County. It is our privilege to offer these services at a reduced rate to those who qualify. Please answer all questions in its entirety and provide all required documentation.

Enclosed in this packet is a list of all required documentation. It is important that you provide this documentation to determine your eligibility for a reduced rate. Without appropriate paperwork, the committee will have no choice but to deny your request.

Please return this packet to 755 Electric Drive, Sumter, SC 29153. We will inform you of the committee's decision within three business days after receiving your packet. Once the process is complete, you will be placed on an agreed upon payment plan based on your current financial status.

If this is a crisis situation, our counselors are always available to assist until your paperwork is completely processed and you are placed in a treatment program.

Sincerely,

Sarah Campbell LPC, MAC, LACS, CS, SAP
Executive Director

SUMTER BEHAVIORAL HEALTH SERVICES

Financial Assessment Form-To Be Filled Out By Customer-CONFIDENTIAL

Financial Assessment Instructions: The information requested by the Financial Assessment form must be properly and accurately completed for this form to be processed. All requested information must be furnished.

Client Name (Last, First, MI)		Phone #
Current Address		City, State, Zip Code
Social Security Number	Number of People Living in Household (include nonrelatives)	Date:

Do you receive Medicaid? ___Yes ___ No Do you have insurance? Yes___ No ___

Do you receive Food Stamps? ___Yes ___ No

Employment Status (check one)

☐ Employed Place of Employment: _____

Position: _____ Length of Time: _____

Address: _____

Street City State Zip Code

Please provide copies of check stubs from employer for past 2 months

☐ Unemployed Length of Unemployment: _____ Reason: _____

Last Employment: From: _____ to _____

Last Place of Employment: _____

List only those dependents, for which you are financially responsible along with their relationship to you, age and social security number:

Name	Age	Relationship	Social Security Number

A: Monthly Income From Wages	B. Monthly Income From Other Services	C. Monthly Expenses
1. Self: $ _____	1. Child Support: $ _____	1. Rent/Mortgage: $ _____
2. Spouse: $ _____	2. Alimony: $ _____	2. Water: $ _____
3. Other Household Members $ _____	3. SSI: $ _____	3. Electric/Gas: $ _____
	4. AFDC/food/ Rental Assistance: $ _____	4. Food: $ _____
Are you paid (circle one)?	5. Legal Settlement: $ _____	5. Telephone: $ _____
Weekly	6. Rental Income: $ _____	6. Health/Life: $ _____
Bi-Weekly	7. CDs/Trust/ Stocks/Bonds: $ _____	7. Child Support/ Child Care $ _____
Monthly	8. Other: (list below) $ _____	8. Alimony: $ _____
		9. Auto Loan: $ _____
	Total from Columns A+B= $ _____	10. Charge/Loan Accounts $ _____
		11. Recreation: $ _____
		12. Other: $ _____
		Total from Column C $ _____
		Grand Total B-C= $ _____

I certify that all financial information and statements disclosed are true and accurate:

Customer or Responsible Party Signature	Date
Agency Representative Signature and Title	Date

NOTE: The Sumter Behavioral Health Services reserves the right to cease further services and bill for the full amount of services Rendered if information provided for the Financial Assessment is misstated or misrepresented.

Revised 8/12/22 MG

Financial Assessment Checklist of Required Documentation

The following documents and information are required along with the completed Sumter BHS Financial Assistance Form:

- ☐ Copies of past two (2) months' paycheck stubs if employed.
- ☐ Proof of household income including anyone living in the household.
- ☐ Copy of your most recent tax statement/tax return, both Federal and State for all household members.
- ☐ Copy of all bank statements (checking and savings) for the past 2 months
- ☐ Unemployment Compensation Verification (must have original red stamp from the Unemployment Office). Even if you do not receive unemployment, you must still provide a statement from the Unemployment Office indicating that you are not currently receiving unemployment compensation.
- ☐ EBT Card (Food Stamps) and Food Stamp verification from the Food Stamp Office. Even if you do not receive food stamps, you must still provide a statement from the Food Stamp office indicating that you are not currently receiving food stamps.
- ☐ Proof of application for state assistance and/or denial if not approved.
- ☐ Verification of disability income amount.

Mail completed application and required documents to:

Sumter BHS
Attn: Financial Assistance Committee
P.O. Box 39
Sumter, SC 29151

OR

You may drop off your paperwork with our receptionist
At 755 Electric Drive, Sumter SC, 29153

**Please place paperwork in a sealed envelope addressed to the
Financial Assessment Committee
and marked "Confidential."