

**REVENUE REPORT  
COUNTY MENTAL HEALTH  
AND MENTAL RETARDATION PROGRAM**

**COUNTY PROGRAM**

**PERIOD**

from

to

	TOTAL (REPORT ON MH/MR 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)	\$ -