



NJAMHAA Dues Worksheet-FY 2025

NAME OF AGENCY: _____

WORKSHEET COMPLETED BY: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

Instructions: Please indicate the total dollar amount of behavioral health funds received from each state and federal department, as well as from all private pay and third party payers by category below. Please refer to last year's audit to determine the total dollar amount.

Dollars in Budget

\$ _____ New Jersey Department of Children and Families (All Divisions)

\$ _____ New Jersey Department of Community Affairs

\$ _____ New Jersey Department of Corrections

\$ _____ New Jersey Department of Education

\$ _____ New Jersey Department of Health

\$ _____ New Jersey Department of Law & Public Safety

\$ _____ New Jersey Department of Labor

\$ _____ New Jersey Department of Human Services
Division of Medical Assistance and Health Services (Medicaid)
Division of Mental Health and Addiction Services
All Other DHS Divisions

\$ _____ Other (State): _____

\$ _____ U.S. Substance Abuse and Mental Health Services Administration

\$ _____ U.S. Department of Housing and Urban Development

\$ _____ Other (Federal): _____

\$ _____ Private Pay/Third Party _____

\$ _____ Other not shown above (including Commercial Managed Care, grants [state, federal, foundations] and revenue from subcontracts with other provider organizations, etc.) _____

TOTAL: \$ _____ **(Please enter this figure above as your agency total behavioral health dollars)**

NUMBER OF EMPLOYEES: _____

Affidavit (signatures required):

I attest to the accuracy of the foregoing funds received as per the most recent fiscal year audit report available.

Pres., CEO or Executive Director (Signature)

CFO or Finance Director (Signature)

Printed Name/Date

Printed Name/Date

*Please contact Julia Schneider, CFO at jschneider@njamhaa.org should you require assistance with completing this form.
Please return this form with your completed application and/or dues payment. Thank you!*