



**Please complete and return with your payment. Thank you!**

**NJAMHAA Dues Worksheet-FY 2024**

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!*