



East Carolina Behavioral Health

*serving...Beaufort, Bertie, Craven, Gates, Hertford, Jones,
Northampton, Pamlico, & Pitt counties*

Establishment of Room and Board Rate Form (Adult)

_____,
(consumer's name)

_____,
(medical record #)

Date: _____

In accordance with LME procedures the following information is needed to establish room and board rates. Please provide monthly statements for the following:

A. Payee name: _____

Address: _____

B. Bank name: _____

Address: _____

C. Rent Calculation: Rent \$ _____

+ (utilities) \$ _____

Total: \$ _____

Divided by # of residents (includes all people living in the home) _____

Equals Room Payment \$ _____

D. Food monthly total: \$ _____

Room & Board Total to be paid by consumer monthly: \$ _____

Subtracted from monthly income equals Consumer remaining funds = \$ _____

All bank statements and receipts used in determining room & board monthly payment should be attached to this form and maintained in the consumer's medical record.