

COMMUNITY MENTAL HEALTH CENTER (CMHC) FINANCIAL & STATISTICAL REPORT

Date Submitted: _____

1 CMHC Name and Address

2 CMHC Number

3 Reporting Period

From:

To:

4 Type of Control (Check One)

Voluntary Nonprofit Corporation:

Government: Federal State City

County Other

5 CMHC Owned By

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined The Accompanying worksheets Prepared By

(CMHC Name and Numbers)

For the

Reporting Period Beginning _____ And Ending _____ And That To The Best

Of My Knowledge And Belief It Is A True, Correct And Complete Statement Prepared From The Books And
Records Of The CMHC In Accordance With Applicable Instructions, Except As Noted:

Signature (Officer Or Administrator Of CMHC)	Title	Date