

Monthly Act 150 Participant Fee Report (Under Age 60)

Service Coordination Entity _____

Payment for Month/Year (MM/YYYY) _____

Participant's Name	MCI Number	Birthdate	Monthly Income	Participant Amount
Total				\$0.00

Mail this form along with a check payable to the Commonwealth of Pennsylvania to:
PA Department of Human Services
Office of Long-Term Living
Bureau of Finance
Forum Place, 6th Floor
555 Walnut Street
Harrisburg, PA 17101-1919

Updated 10/20/2022