

## AGREEMENT TO REPAY SAM FUNDS

Consumer \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ Case Manager \_\_\_\_\_

I, \_\_\_\_\_ ( consumer), agree to repay the loan of \$ \_\_\_\_\_ made to me by the Milwaukee County Mental Health Division SAIL Unit at the rate of \$ \_\_\_\_\_ each month until my debt is paid in full.

Signed,

Consumer \_\_\_\_\_ Date \_\_\_\_\_

Case Manager \_\_\_\_\_ Date \_\_\_\_\_

SAIL Care Manager \_\_\_\_\_ Date \_\_\_\_\_

Checks should be made payable to: MCMHD SAM FUND and payments sent to:

Milwaukee County Mental Health Division SAIL Unit  
9201 Watertown Plank Road  
Milwaukee WI 53226