

**PSYCHIATRIC HEALTH FACILITY
AFFIDAVIT REGARDING PATIENT MONEY**

In accordance with California Code of Regulations, Title 22, Section 77053, this form is intended to ensure that all licensed psychiatric health facilities comply with statutory bonding requirements if they handle patient money. This form is required on all new and renewing applications and whenever the Department of Health Care Services (DHCS) deems it is necessary to reevaluate the bonding need of a psychiatric health facility.

I (We) _____
Name(s) of Applicants (i.e., licensee)

As applicant(s) for _____
Name of Facility

Facility address _____
Street City County ZIP Code State

I (We) certify that I (check A or B below):

- A. Handle or will handle less than \$25 per patient and less than \$500 for all patients in any one month.
- B. Handle or will handle \$25 or more per patient or \$500 or more for all patients in any one month. I have on file with DHCS or am hereby filing with DHCS a true and correct copy of the required bond, and I verify that the facility meets the bonding requirements under California Code of Regulations, Title 22, Section 77053.

Amount of money to be handled for any patient in any one month..... \$ _____
Amount of money to be handled for all patients in any one month..... \$ _____

Money Handled	Bond Required	Money Handled	Bond Required
\$25.00 per patient or			
\$500 to \$750 per month	\$1,000.00	\$10,501.00 to 11,500.00	\$12,000.00
751.00 to 1,500.00	2,000.00	11,501.00 to 12,500.00	13,000.00
1,501.00 to 2,500.00	3,000.00	12,501.00 to 13,500.00	14,000.00
2,501.00 to 3,500.00	4,000.00	13,501.00 to 14,500.00	15,000.00
3,501.00 to 4,500.00	5,000.00	14,501.00 to 15,500.00	16,000.00
4,501.00 to 5,500.00	6,000.00	15,501.00 to 16,500.00	17,000.00
5,501.00 to 6,500.00	7,000.00	16,501.00 to 17,500.00	18,000.00
6,501.00 to 7,500.00	8,000.00	17,501.00 to 18,500.00	19,000.00
7,501.00 to 8,500.00	9,000.00	18,501.00 to 19,500.00	20,000.00
8,501.00 to 9,500.00	10,000.00	19,501.00 to 20,500.00	21,000.00
9,501.00 to 10,500.00	11,000.00	20,501.00 to 21,500.00	22,000.00

Every additional increment of \$1,000.00 or fraction thereof shall require an additional \$1,000.00 on the bond.

Licensees are required to:

- Immediately notify DHCS in writing when the amounts of money stated in this affidavit are exceeded.
- Maintain adequate safeguards and accurate records of monies and valuables entrusted to the facility, in accordance with regulations of DHCS.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

Print name

Title

RELEASE OF INFORMATION STATEMENT

The information provided on this form is mandatory and is necessary for licensure approval. It will be used to determine individual applicant's or applicant facility's ability to provide mental health services. The information is requested by the California Department of Health Care Services, Licensing and Certification, in accordance with Welfare and Institutions Code, Section 4080, Health and Safety Code, Sections 1250.2, 1275 and 1275.1, and 1318, and California Code of Regulations, Title 22, Section 77053.

Failure to provide the information as requested or submission of willful false statements may result in nonissuance of a license or license revocation.