## 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.

(We)					
	Name(s)	of Applicants (i.e., licensee)			
As applicant(s) for					
		Name of Facility			
acility address					
	Street	City		County ZI	P Code State
(We) certify that I (check A or B below					
A. Handle or will handle less than	,				
month. I have on file with DHCS required bond, and I verify that the Code of Regulations, Title 22, S	the facility meets the bonding	HCS a true and corrent of requirements under the second se	ect copy of the er California		
Amount of money to be handled				\$	
month					
Amount of money to be handled	for all patients in any one			\$	
	for all patients in any one			\$	
Amount of money to be handled	for all patients in any one		ndled	\$ Bond Requir	ed
Amount of money to be handled month	I for all patients in any one		ndled	\$ Bond Requir	ed
Amount of money to be handled month Money Handled \$25.00 per patient or \$500 to \$750 per month	for all patients in any one Bond Required \$1,000.00		11,500.00	\$12,000.00	
Amount of money to be handled month Money Handled \$25.00 per patient or \$500 to \$750 per month 751.00 to 1,500.00	for all patients in any one Bond Required \$1,000.00 2,000.00	<b>Money Han</b> \$10,501.00 to 11,501.00 to	11,500.00 12,500.00	\$12,000.00 13,000.00	1
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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.