

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AFFIDAVIT
REGARDING RESIDENT MONEY**

In accordance with Psychiatric Residential Treatment Facility (PRTF) Interim Regulations **Section 23**, this form is intended to ensure that all licensed PRTFs comply with regulatory and statutory bonding requirements if they handle resident money. This form shall be completed and submitted with the Application for Initial Licensure for PRTF Form DHCS 6030 (04/25) and Application for Renewal of License for PRTF Form DHCS 6033 (01/25), and whenever the Department of Health Care Services (DHCS) deems it is necessary to reevaluate a PRTF's bonding need.

Name of
Applicant or
Licensee _____

Name of Facility _____

Address _____
Street City County Zip Code State

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

- ☐ A. Handle or will handle less than \$25 per resident and less than \$750 for all residents in any one month.
- ☐ B. Handle or will handle \$25 or more per resident or \$751 or more for all residents in any one month. State the amount of money that will be handled per resident and all residents on a monthly basis below:

Amount of money to be handled for any resident in any one month

Amount of money to be handled for all residents in any one month

Money Handled		Bond Required	Money Handled		Bond Required
\$750.00	or less	\$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 further 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 stated amount of money handled for any resident or for all residents in any month is exceeded.
- Maintain adequate safeguards and accurate records of monies and valuables entrusted to the facility, in accordance with the PRTF Interim Regulations, and any other legal authorities or DHCS guidance.

I further certify that 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, PRTF Interim Regulations **Section 23**.

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

PRIVACY NOTICE ON COLLECTION

The purpose of this form is to collect information for licensure of Psychiatric Residential Treatment Facilities. The information collected in this form is required by the Department of Health Care Services (Department), Licensing and Certification Division, Mental Health Licensing and Certification Branch by the authority of Health and Safety Code sections 1250.10 and 1254, Welfare and Institutions Code sections 4081 and 4082, and the PRTF Interim Regulations. The personal information collected in this form is confidential and protected by the Information Practices Act (California Civil Code section 1798 et seq.), Department policy, and state policy.

All information requested in this form is mandatory. The consequence of not supplying the mandatory information requested or supplying incomplete information is that review of the application shall be terminated. The Department may share provided information with other state agencies to perform its constitutional or statutory duties where the use is compatible with a purpose for which the information was collected. The Department may also share information with local, state, or federal government entities if required by state or federal law. Please do not provide any personal information other than the information that is specifically requested in this form.

In most cases, individuals have a right to access information about them that is in federal and state records. For more information or access to records containing your personal information maintained by the Department, contact the following:

Licensing and Certification Division
Section Officer of the Day
1501 Capitol Avenue, MS 2601
Sacramento, CA 95814
Tel: (916) 322-2911

The Department of Health Care Services' policies regarding personal information are available online in the Department's Notice of Privacy Practices (<https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>) and the Privacy Policy Statement (<https://www.dhcs.ca.gov/pages/privacy.aspx>).