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 bel | ow). | · | , |
| ☐ A. Handle or will handle less that | - | an \$500 for all patients in any one | month. |
| ☐ B. Handle or will handle \$25 or n | | | |
| month. I have on file with DHO | CS or am hereby filing with DI | HCS a true and correct copy of the | e |
| | | ng 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 handle | ed for all patients in any one | | |
| month | | | \$ |
| | | | Boot Boot Sold |
| 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 9,501.00 to 10,500.00 | 10,000.00 11,000.00 | 19,501.00 to 20,500.00 20,501.00 to 21,500.00 | 21,000.00 22,000.00 |
| | | | , |
| Every additional increment o | f \$1,000.00 or fraction thereo | of shall require an additional \$1,000 | 0.00 on the bond. |
| Licensees are required to: | | | |
| ° Immediately notify DHCS in writing | ng when the amounts of mone | ey stated in this affidavit are excee | eded. |
| • • | | • | acility, in accordance with regulation |
| of DHCS. | | | ,, |
| I certify under penalty of perjury und | er the laws of the State of Ca | alifornia that the foregoing is true a | nd 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.