

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.

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.

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 \$

Table with 4 columns: Money Handled, Bond Required, Money Handled, Bond Required. Rows show monetary ranges and corresponding bond amounts from \$1,000.00 to \$22,000.00.

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

Licenses 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.

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.

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