

**MENTAL HEALTH REHABILITATION CENTER  
AFFIDAVIT REGARDING CLIENT MONEY**

In accordance with California Code of Regulations, Title 9, Section 783.20, this form is intended to ensure that all licensed mental health rehabilitation centers comply with regulatory and statutory bonding requirements if they handle client 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 mental health rehabilitation center.

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 client and less than \$500 for all clients in any one month.
- B. Handle or will handle \$25 or more per client or \$500 or more for all clients 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 9, Section 783.20.

Amount of money to be handled for any client in any one month..... \$ \_\_\_\_\_

Amount of money to be handled for all clients in any one month..... \$ \_\_\_\_\_

<b>Money Handled</b>		<b>Bond Required</b>	<b>Money Handled</b>		<b>Bond Required</b>
\$ 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 client or for all clients in any month is exceeded.
- Maintain adequate safeguards and accurate records of monies and valuables entrusted to the facility, in accordance with regulations of DHCS.

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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 5675, Health and Safety Code, Section 1318 and California Code of Regulations, Title 9, Section 783.20.

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