

AFFIDAVIT REGARDING CLIENT/RESIDENT CASH RESOURCES

This form is intended to ensure that all licensed facilities comply with statutory bonding requirements set forth in California Health and Safety Code Chapter 3, Article 6, Section 1560, Chapter 3.1, Article 6, Section 1568.021 and Chapter 3.2, Article 6, Section 1569.60.

California Health and Safety Code Chapter 3, Article 6, Section 1560, requires that applicants/licensees who handle or will handle monies of clients of Community Care Facilities (CCF's) must be bonded for not less than \$1,000.00. However, the provisions of this section do not apply if the applicant/licensee meets **both** of the following: (a) operates a community care facility which is licensed to care for children including but not limited to a foster family home; and (b) handles or will handle monies of persons within the community care facility in amounts less than fifty dollars (\$50) per person and less than five hundred dollars (\$500) for all persons per month.

California Health and Safety Code Chapter 3.1 Article 6, Section 1568.021 and Chapter 3.2, Article 6, Section 1569.60 requires that applicants/licensees of licensed Residential Care Facilities For The Elderly (RCFE) and Residential Care Facilities For the Chronically Ill (RCF-CI) that handle or will handle monies of residents must be bonded for not less than \$1,000.00. However, the provisions of this section do not apply if the applicant/licensee handles or will handle monies of persons within the facility in amounts less than fifty dollars (\$50) per person and less than five hundred dollars (\$500) for all persons per month.

Facilities that handle client/resident cash resources must certify that the facility does not need a bond or that a bond is required and the amount of the bond. This form is required on new applications, renewal of licenses or whenever the Department deems it necessary to reevaluate the bonding need of a facility.

In accordance with the above provisions of California Health and Safety Code:

I(We) _____
Name(s)

As applicant(s) for or licensee(s) of _____
Name of Facility

Located _____
Street City County

Certify that I (We):

- Operate a CCF, RCFE or RCF-CI and provide care for:
 - _____ Children (0-17 years of age)
 - _____ Adults (clients) (18-59 years of age)*
 - _____ Elderly (residents) (60 years and older)

And (choose 1)

- _____ The maximum amount of cash resources that I/we will handle at any one time is \$_____ monthly.
- _____ And I/we will not handle any cash resources of persons within the facility.

I understand that I will need to obtain and submit a bond issued by a surety company admitted to do business in this State in the amount of \$_____, naming the State of California and conditional upon my/our faithful and honest handling of the money of persons within the facility.

*Any amount of money handled for the Adult CCF categories requires a bond (excluding RCF-CI's). A bond is also required for all other categories, including RCF-CI's, unless the applicant/licensee handles less than \$50 per person and less than \$500 per month for all clients/residents. While the bond coverage amount may appear to be adequate, the licensee must evaluate the amount periodically. The applicant/licensee will need to plan for bond coverage that sufficiently covers periods when the balance of funds handled is greater than normal. For example, prior to Christmas or summer vacations the balances of clients'/residents' funds tend to be larger than during the rest of the year.

If a bond is required, refer to the following table for the amount of bond coverage that is required:

AMOUNT SAFEGUARDED PER MONTH	BOND REQUIRED
\$ 750.00 or less	\$1,000.00
\$ 751.00 to 1,500.00	\$2,000.00
\$1,501.00 to 2,500.00	\$3,000.00

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

I (We) also certify that:

I/we shall submit a new affidavit (LIC 400) and bond (LIC 402) to the licensing agency **prior** to handling amounts of clients'/residents' cash resources in excess of the current bond.

I/we will maintain adequate safeguards and accurate records of all cash resources entrusted to the facility, in accordance with regulations of the State Department of Social Services.

I/we shall maintain a current surety bond at all times when handling client/resident personal cash resources.

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM AND ANY ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. IN MAKING THESE STATEMENTS, I/WE REALIZE THAT WILLFULLY SUBMITTING FALSE STATEMENTS CONSTITUTES GROUNDS FOR THE SUSPENSION OR REVOCATION OF MY/OUR LICENSE.

_____ Date	_____ Signature Of Applicant Or Licensee	_____ License Number (if applicable)
_____ Date	_____ Signature Of Applicant Or Licensee	_____ License Number (if applicable)