

Funds and Property Authorization

Person name: _____

Program name: _____

I authorize the program to assist me in safekeeping of the following funds and property:

(Check Yes or No and describe any limitations on the amounts the program is authorized to handle)

	Yes	No	Limitation on amounts
Cash			
Checking Account, including knowledge of or access to my account number(s) or my Personal Identification Number (PIN).			
Savings Account, including knowledge of or access to my account number(s) or my Personal Identification Number (PIN).			
Property			
Other (specify)			

Program requirements: Whenever this program assists me with the safekeeping of my funds or other property, the program must ensure:

1. That I retain the use and availability of my personal funds or property unless restrictions are justified and documented.
2. Separation of my funds from funds of other persons served by the program and from funds of the license holder, the program, or program staff.
3. That it immediately documents the receipt and disbursement of my funds or other property at the time of receipt or disbursement, including my signature or the signature of my legal representative or payee.
4. That it returns to me upon my request, my funds and property in the program's possession and according to any justified and documented restrictions, as soon as possible, but no later than three working days after the date of my request.

Program and staff restrictions: I have been informed and understand that this program and the staff must not:

1. Borrow money from me;
2. Purchase personal items from me;
3. Sell merchandise or personal services to me;
4. Require me to purchase items for which the program is eligible for reimbursement; or
5. Use my funds to purchase items for which the program is already receiving public or private payments.

Data privacy and access to financial records: The program must protect the privacy of my financial records. All financial records kept by the program are available to me, my legal representative, if any, and my case manager at any time.

Itemized financial statements: The program must complete itemized financial statements when it is responsible for safekeeping of my funds and property. The financial statements will itemize receipt (money or property received) and disbursement (money spent or property disposed). These itemized financial statements will be provided to me, my legal representative, and case manager according to our preference. The preferences for receiving itemized financial statements are:

Place a check mark in appropriate box:

	Monthly	Quarterly	Semi-Annually	Annually	Other (Describe)
Person/Legal representative					
Case Manager					

This authorization expires annually and must be renewed. I may revoke or revise this authorization at any time by making a verbal or written request.

Name	Signature	Title	Date
		Person	
		Legal Representative	
		Case Manager	