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 1568.021and 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 <u>Community Care Facilities</u> (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 <u>both</u> 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 <u>Residential Care Facilities For The Elderly</u> (RCFE) and <u>Residential Care Facilities For the Chronically III</u> (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 revaluate the bonding need of a facility.

In accordance with the above provisions of Californ	•	
I(We)	Name(s)	
As applicant(s) for or licensee(s) of		
LocatedStreet	Name of Facility	
Certify that I (We):	City	County
Operate a CCF, RCFE or RCF-CI and provide care Children (0-17 years of age) Adults (clients) (18-59 years of a Elderly (residents) (60 years and	ge)*	
And (choose 1) The maximum amount of cash resourc And I/we will not handle any cash reso	es that I/we will handle at any one time is \$ urces of persons within the facility.	monthly.
I understand that I will need to obtain and submit a of \$*, naming the State of California a the facility.	a bond issued by a surety company admitted to do nd conditional upon my/our faithful and honest han	b business in this State in the amount indling of the money of persons within
other categories, including RCF-Cl's, unless for all clients/residents. While the bond co periodically. The applicant/licensee will need	t CCF categories requires a bond (excluding RCF the applicant/licensee handles less than \$50 per proverage amount may appear to be adequate, the dot oplan for bond coverage that sufficiently cover e, prior to Christmas or summer vacations the balance.	person and less than \$500 per month licensee must evaluate the amount is periods when the balance of funds
If a bond is required, refer to the following take	ole for the amount of bond coverage that is require	d:
AMOUNT SAFEGUARDED PER MONTH \$ 750.00 or less \$ 751.00 to 1,500.00 \$1,501.00 to 2,500.00	BOND REQUIR \$1,000.00 \$2,000.00 \$3,000.00	<u>ED</u>
Every additional increment of \$1,000.00 or fra	action 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 bon resources in excess of the current bond.	d (LIC 402) to the licensing agency prior to handling	ng amounts of clients'/residents' cash
I/we will maintain adequate safeguards and accura of the State Department of Social Services.	ate records of all cash resources entrusted to the f	acility, in accordance with regulations
I/we shall maintain a current surety bond at all time	s when handling client/resident personal cash reso	ources.
I/WE DECLARE UNDER PENALTY OF PERJ ATTACHMENTS ARE CORRECT TO THE BEST WILLFULLY SUBMITTING FALSE STATEMEN MY/OUR LICENSE.	OF MY KNOWLEDGE. IN MAKING THESE S	TATEMENTS, I/WE REALIZE THAT
Date	Signature Of Applicant Or Licensee	License Number (if applicable)
Date	Signature Of Applicant Or Licensee	License Number (if applicable)