



Date: \_\_\_\_\_  
Case name: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Client ID number: \_\_\_\_\_  
County number: \_\_\_\_\_  
Supervisor/worker number: \_\_\_\_ / \_\_\_\_

## Management of Recipient's Funds

### I. Certifying non-receipt of recipient's personal funds

The undersigned hereby certifies this \_\_\_\_\_, \_\_\_\_\_ that neither he or she nor

\_\_\_\_\_ has in his, her, or its possession any money or other items of value belonging to:

\_\_\_\_\_  
Name of recipient

Money or other items of value will be the responsibility of:

Name	Administrator		
Street address	City	State	Zip

### II. Request to handle recipient's funds and other items of value

I hereby request that the administrator of the facility, whose name appears on Page 2 of this form, to hold in trust for me, until further notice \$\_\_\_\_\_ and/or the other items of value as listed:

I further request that the administrator hold in trust for me the amount in my monthly budget for maintenance standards until otherwise directed. I authorize the Administrator to expend in my behalf such monies in the trust for items that are not included in the payment for care.

\_\_\_\_\_  
Signature of recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible person

\_\_\_\_\_  
Date



## Purpose of Form

Form 08MA084E (ABCDM-96) is used:

- by the facility administrator to notify the local OKDHS human services center (HSC) that the facility or administrator does not have in his, her, or its possession any money or other items of value belonging to the recipient;
- by the recipient, his or her guardian, a relative, or other person acting responsibly for the recipient, to request the administrator of a facility to hold funds or other items of value in trust for the recipient and to expend such funds in his or her behalf until otherwise directed;
- to acknowledge receipt of money and other items of value to be held in trust for the recipient;
- to acknowledge the agreement as to accounting for funds expended in behalf of the recipient; and
- as a source for posting credits and debits on Form 08MA021E (ABCDM-99), Ledger Sheet for Recipient's Account.

Any change in the accountability of or responsibility for the handling of recipient's funds must be recorded on this form and mailed to the HSC within five calendar days of the change.

## Instructions for Preparation of Form

The form may be typewritten, printed or legibly handwritten. Each item in the appropriate section on the form is completed. Items of value include insurance policies, deeds, bonds, jewelry, wheelchairs, or other items of furniture and valuable possessions, but do not include personal effects such as clothing.

The form is prepared in triplicate at the time the administrator of the facility initially accepts responsibility for handling the recipient's funds. The form is prepared in duplicate on succeeding occasions when funds or other items of value are received by the administrator on behalf of the recipient.

When Section II is completed, the recipient's signature must be witnessed by one person. In the event the recipient cannot sign his or her name or make his or her mark, the responsible person signs the recipient's name and signs his or her own name on the line beneath. In both situations the signing must be witnessed by an individual who in no way is affiliated with the nursing facility.

**SECTION I:** This section is completed by the administrator of the facility when no funds or other items of value of the patient are held by the facility.

**SECTION II:** This section is completed when the recipient requests the administrator of the facility hold in trust certain items of value and/or money and is signed and dated by the recipient.

**SECTION III.** When the administrator receives funds and/or other items of value from the recipient this section is completed.

**\$** . Show total amount of funds received from the recipient and/or list items of value, other than cash, as indicated.

☐ **at the time of...** Check this block if funds were received when the recipient was initially admitted.

☐ **on a date later...** Check this block if funds were received on a date after the original admittance.

**Administrator.** The administrator of the facility signs and dates the form.

#### Routing of Form

A copy of Form 08MA084E (ABCDM-96) must be received in the local OKDHS HSC **prior** to certification. When only Section I is completed, the original form is kept on file in the facility and is available for inspection. One copy is given to the recipient or the person acting responsibly in his or her behalf, and one copy is filed in the HSC case record.

When Sections II and III are completed, the original of the form is given to the recipient or his or her guardian, a relative, or person acting responsibly for him or her, one copy is forwarded to the local OKDHS HSC, and one copy is retained in the facility for a period of three years and is available for inspection.