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| **FUNDS AND PROPERTY AUTHORIZATION** |
| Name:   |
| The company is authorized to assist the person served at this program as directed below with the safekeeping of their funds or other property.  |
| **Resources**  Do you have a Retirement, Survivors and Disability Insurance (RSDI)? [ ]  Yes [ ]  No Do you have a Supplemental Security Income (SSI)? [ ]  Yes [ ]  No  Do you receive Minnesota Supplemental Aid (MSA)? [ ]  Yes [ ]  No Do you receive Supplemental Nutrition Assistance Program (SNAP)? [ ]  Yes [ ]  No Do you have any other income sources? If yes please list below. [ ]  Yes [ ]  No  Other Income:  |
| **Cash Resources** Does the person need assistance from this company with cash resources? [ ]  Yes [ ]  No [ ]  Does not have cashIf yes, please describe what procedures will be done to support the person including any limitation to amounts used: |
| **CHECKING/DEBIT Card** Do you have a checking account? [ ]  Yes [ ]  No Account number: \_\_\_\_\_\_\_\_\_\_\_\_ (last 4 digits of account number) Do you have an ATM/check card? [ ]  Yes [ ]  No Account number: \_\_\_\_\_\_\_\_\_\_\_\_ (last 4 digits of account number) Assistance in completion of banking/deposit transactions and writing checks. [ ]  Marshall County Group Homes, Inc. [ ]  Myself/Financial Rep.Storage of the checkbook when not in use. [ ]  Marshall County Group Homes, Inc. [ ]  Myself/Financial Rep.Storage of the ATM/check card when not in use. [ ]  Marshall County Group Homes, Inc. [ ]  Myself/Financial Rep. Prior authorization needed from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for any checking transaction over: $\_\_\_\_\_\_\_\_ [ ]  N/A (No authorization needed)Online access to account information regarding checking account: [ ]  Marshall County Group Homes, Inc. [ ]  Myself/Financial Rep.If yes, please describe what procedures will be done to support the person including specifics related to transactions, assistance with writing checks, assistance with using debit card, access to online banking, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Savings Account**Does the person need assistance from this company with management of their savings account? [ ]  Yes [ ]  No [ ]  Does not have a savings accountIf yes, please describe what procedures will be done to support the person including specifics related to transactions, saving account book storage, access to online banking, with passwords/security questions, etc.:   |
| **Credit Cards**Does the person need assistance from this company with management of their credit card(s)? [ ]  Yes [ ]  No [ ]  Does not have a credit card(s)If yes, please describe what procedures will be done to support the person including specifics as it relates to credit card use, assistance with receipt of and paying of credit card bills, access to online banking, with passwords/security questions, etc.: |
| **Gift Cards**Does the person need assistance from this company with management of any gift cards? [ ]  Yes [ ]  No If yes, please describe what procedures will be done to support the person including specifics related to maintenance, tracking, and knowing the balance, etc. of gift cards:  |
| **Personal Property*** This company is not responsible for normal wear and tear, theft, or damage to personal property unless it is established that the loss or damage was caused by a willful act, negligence, or misappropriation on the part of the company or its staff.
* The person has the ability to seek outside agencies to supply personal liability/renter’s insurance to fully protect their personal property.
* It is the responsibility of the person to seek other forms of personal liability/renter’s insurance if necessary.
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| **Frequency of Itemized Financial Statements**The company must survey, document, and implement the preferences of the person and/or legal representative and the case manager for frequency of receiving a statement that itemizes receipts and disbursements of funds or other property. The license holder must document changes to these preferences when they are requested.

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| Person/Legal representative | [ ]  N/A | [ ]  Semi-annual | [ ]  Annual | [ ]  Other (specify): |
| Case Manager | [ ]  N/A | [ ]  Semi-annual | [ ]  Annual | [ ]  Other (specify): |

Describe information to be sent:

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| --- | --- |
| Person/Legal representative |   |
| Case Manager |   |

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| **Representative Payee**Does the person have a representative payee? [ ]  Yes [ ]  No If yes, include that person’s contact information:Name: Address: Phone number:  |
| **Program Information**Per MN Statutes, 245D.06, subdivision 4, whenever the company assist a person with the safekeeping of funds or other property according to section 245A.04, subdivision 13, the company must obtain written authorization to do so from the person or the person’s legal representative and the case manager. Authorization must be obtained with five (5) working days of service initiation and renewed annually thereafter. Per MN Statutes, section 245A.04, subdivision 13, this company must: 1. Ensure that the person retains the use and availability of personal funds or property unless restrictions are justified and documented in their plans.
2. Ensure separation of funds of the person served from funds of the license holder, the program, or staff.
3. When requested, assist a person with the safekeeping of funds or other property, and will:
4. Immediately document receipt and disbursement of the person’s funds or other property at the time of receipt or disbursement, including the person's signature, or the signature of the conservator or payee
5. Return to the person upon request, funds and property in the license holder's possession subject to restrictions in the person's plan, as soon as possible, but no later than three working days after the date of request.

This company and program staff must not:1. Borrow money from a person served by the program
2. Purchase personal items from a person served by the program
3. Sell merchandise or personal services to a person served by the program
4. Require the person served to purchase items for which the company is eligible for reimbursement
5. Use funds of persons served to purchase items for which the company is already receiving public or private payments.
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| **Signatures**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Person served and/or legal representative Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case manager Date  |