RESIDENT FUNDS AUTHORIZATION

Resident Name: _____

Address: _____

DOB: _____ Medical Record Number: _____

Date: _____

As a resident of this facility, you have the option of opening an account by which the facility will manage your personal funds. If you choose this option, please be aware that the facility guarantees the following:

- All funds greater than the required amount will be placed in an interest-bearing account that is separate from the facility's operating account(s). Interest earned on your funds will be credited to you.
- Accountings will be provided through quarterly statements and upon written request. The quarterly statements shall be provided to you or your designated representative in writing within 30 days after the end of the quarter, and upon request.
- Within 30 days of your departure from the facility, the facility will provide a final accounting and a refund of any account balances.
- Written confirmation of requested items or services for which the facility is permitted to charge you will be provided to you or to a designated representative prior to the provision or billing for the item or service.

☐ I wish to open a Resident Funds Account.
☐ I do not want to open Resident Funds Account.

I want written confirmation of requested items and services to be given to:

Name: _____ Address: _____

Telephone number: _____ Email[1]: _____

Relationship to resident: _____

Signature of Resident: _____ **Date:** _____
OR
Signature of Designated Representative: I, the undersigned, certify that I am the designated representative as stated below for the above-named resident and will provide legal supporting documentation of my legal capacity and authority upon the facility's request.

Signature: _____

Legal Title: _____ **Date:** _____

Signature of Witnesses: *Two witnesses are required.*

_____	_____
Signature	Signature
_____	_____
Printed Name	Printed Name
_____	_____
Date	Date

[1] Emails that contain Protected Health Information must be in compliance with the facility's HIPAA policies and procedures.