



Azalea Trail Nursing and Rehabilitation Center
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AUTHORIZATION TO HOLD, SAFEGUARD, & MANAGE PERSONAL FUNDS

Policy on Protection of Resident Funds

Resident Name: _____

You have the right to select how your personal funds will be handled. You may choose:

- A. *To manage your personal funds yourself.*
- B. *To designate in writing another person to do this for you.*
- C. *If you receive federal or state benefits, you can apply to the Social Security Administration and have a representative payee appointed to receive these funds.*
- D. *You can give the facility written permission to hold, safeguard, manage, and account for your personal funds on deposit. The facility is obligated to do this at no additional charge. The facility cannot require that you select this alternative.*

1. All accounts are deposited in an interest-bearing account. Interest earned is credited to the resident's account. This account is separate from the facility's operating account.
2. Facility maintains a full and complete separate accounting of each resident's funds according to generally accepted accounting principles. The system precludes commingling of the resident's funds with the facility's funds or with funds of any person other than another resident. Individual financial records are available upon request of the resident or his or her legal representative.
3. Facility will notify a resident who receives Medicaid benefits when the balance of the account is \$200.00 less than the amount required to be eligible for Medicaid. Facility will notify resident that if the amount is exceeded (in addition to the resident's other nonexempt resources), he or she may lose eligibility for Medicaid or S.S. I.
4. Upon death of the resident, the facility will convey within 30 days the remaining personal funds with an accounting to the person administering the resident's estate.
5. Facility has purchased a surety bond, or otherwise provided assurance satisfactory to the Secretary of the Department of Health and Human Services, to assure the security of all residents' personal funds deposited with the facility.

_____ **I decline to authorize** _____ (facility), to
(Initial) hold, safeguard, manage, and account for my personal funds.

_____ **I hereby authorize** _____ (facility), to
(Initial) hold safeguard, manage, and account for the following receipts or disbursements on my behalf

AUTHORIZATION FOR PRIVATE PAY RESIDENTS

The facility maintains one trust fund account for both private and Medicaid residents. The account is subject to audit and inspection by appropriate state and federal agencies inasmuch as these monies are commingled in one account. My signature below indicates knowledge and approval of the policy.

Date

Resident/Authorized Agent

Date

Legal Representative