

STATE OF OKLAHOMA  
DEPARTMENT OF HUMAN SERVICES  
**MANAGEMENT OF RECIPIENT'S FUNDS**

Case number	Client identification (ID) number
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**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  
Name of facility  
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
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 below, to hold in trust for me, until further notice \$ \_\_\_\_\_ and/or the other items of value as listed:

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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.

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Signature of recipient Date

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Signature of responsible person Date

Name of witness	Date
Address	City State Zip

**III. ACKNOWLEDGMENT OF PATIENT'S FUNDS**

This is to acknowledge receipt of \$ \_\_\_\_\_ and/or the other items as listed:

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which is to be held in trust by me and to be used by or on behalf of the patient.

I agree that an accounting of these funds will be kept on Form ABCDM-99, Ledger Sheet for Recipient's Account, showing the amounts received or expended, items purchased and balance on hand. This form covers funds and/or personal items of value received in a facility:

at the time of the recipient's admission       on a date later than the admission date.

In the event this patient leaves the facility or the facility no longer handles the funds, final accounting will be made on Form ABCDM-96-A, Accounting - Recipient's Personal Funds and Property.

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Signature of administrator Date

### Purpose of Form

Form ABCDM-96 is used:

- by the facility administrator to notify the local Oklahoma Department of Human Services (OKDHS) county office 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 him or her, 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 a 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 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 county office within five calendar days of the change. When the facility handles the recipient's monthly check, it is not necessary to complete this form each month. The form is required any time there is a change in the responsibility or accountability.

### 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 as follows:

\$\_\_\_\_\_. 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 ABCDM-96 must be received in the local OKDHS office **prior** to teleprocessing 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 county office case record.

When Section 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 office, and one copy is retained in the facility for a period of three years and is available for inspection.