

Resident Fund Agreement Policy (Form 5c)

I _____ (Print Name), hereby appoint Portage Manor Licensed Health Care Facility as depository agent for my personal funds. I understand the facility accepts this responsibility subject to the following conditions:

1. There is no charge for this service
2. The facility does not invest the money in my personal trust account. All funds are deposited in a demand deposit account at a local bank.
3. All funds can be withdrawn at any time during banking hours by the resident and/or responsible party.
4. The resident shall receive a quarterly accounting of his/her funds. Scheduled to the months of February, May, August, and November each year.
5. This agreement is limited to cash assets only and does not apply to other valuables, securities, and non-cash assets.
6. The resident agrees to abide by the facility procedures established governing the operation of the depository agency.
7. The resident realizes that personal resident trust funds are theirs to do with as they please and the facility assumes no responsibility for the use of the funds by the resident.
8. Resident trust interest will be figured on the balance in the resident's trust account on the last day of the month and credit to individual accounts of one hundred (\$100) dollars or more.

Permission to copy Paychecks for Department of Welfare

I give permission to Portage Manor to copy my paychecks and file the copies to the Department of Welfare, my case is reviewed every (3) months to ensure that the amount I pay for room and board is based on accurate and current wages.

Permission to Open Financial and Medical Mail

As a service to it's residents, Portage Manor provides assistance with handling financial and medical correspondences. I understand that by signing this form I give permission to Portage Manor to open all mail from government offices, all bills, and correspondences regarding payment of my financial obligations and medical treatment.

Resident/Responsible Party Signature _____ Date _____

Business Office/Social Service/Designee Signature _____ Date _____