

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEMENT OFFERING PERSONAL ALLOWANCE ACCOUNT
For Supplemental Security Income (SSI) and Safety Net Recipients

I understand that Social Services Regulations provide me, as an SSI or Safety Net recipient, with a personal allowance which may be used as I wish for clothing, personal hygiene items, and other supplies, services, entertainment, or transportation for my personal use.

I understand that the operator cannot accept my personal allowance to pay for supplies and services that the operator is required to provide by law. Regulations, or admission agreement. In addition, my personal allowance may not be used to pay the operator for any services for which payment is available under Medicare, Medicaid, or third party coverage.

I understand that the operator must offer me or my representative a facility maintained personal allowance account to safeguard my personal allowance funds.

I understand that if I or my representative choose a facility maintained personal allowance account, the Office of Children and Family Services Regulations require the operator to: make these funds available to me for my own use; tell me the business hours when I may deposit or withdraw my funds or review my personal allowance records; pay me interest (if my funds are in an interest bearing account); show or give me upon request, or at least every three months, a summary of my account which includes my current balance; tell me of any other important facts about my account.

I understand that I do not have to put my funds in a facility maintained account.

I understand that I may close my facility maintained account at any time and have my funds returned to me.

I understand that there are legal protections for my funds and account.

I understand that I may ask the Local Department of Social Services or legal/advocacy agencies to help me if I do not receive my personal allowance or have access to money in my personal allowance account.

Check one of the following boxes:

I authorize the operator to establish a facility maintained personal allowance account.

I do not authorize the operator to establish a facility maintained personal allowance account.

As representative for _____, I agree to comply with the personal allowance requirements set forth above. I do, I do not, authorized the operator to establish a facility maintained personal allowance account.

I am not an SSI or Safety Net recipient. However, the operator has offered to maintain a personal fund Account for me. I hereby authorize such an account.

SIGNATURE OF RESIDENT:	DATE:
SIGNATURE OF RESIDENT'S REPRESENTATIVE:	DATE:
SIGNATURE OF OPERATOR OR DESIGNEE:	DATE: