



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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QIC 28005

Date: May 14, 2004

To: All Sub-Payee Case Managers and Contact Staff

RE: Requirements for Client Statements for Disbursements

This is a reminder to obtain a signed and dated statement from the client acknowledging each disbursement from their Sub-Payee accounts payable to someone other than the client for spending money, personal needs, damages, food, clothing, reimbursements, etc.

For example, if the client wishes to purchase an item or items from a department store and the check will be payable to the department store, you should have the client sign a statement to the effect and submit that statement with your transmittal.

Also, if you have a bill that needs to be paid for the client, you must submit the bill with your transmittal. The name of the client should appear on the bill. If the name of the client is not on the bill, then along with a copy of the bill, you must also submit a signed statement from the client stating that they wish to pay the bill with your transmittal. A statement from the client will not be required if we have a copy of the bill with their name on it.

If you have any questions regarding these regulations, you can reach me at (510) 383-1567, or at tieline 31567.



A Department of Alameda County Health Care Service Agency