

DEL PUERTO HEALTH CARE DISTRICT
875 E Street - Patterson, California 95363
SPECIAL FINANCE MEETING
MINUTES June 28, 2021

I. Call to order/Attendance

The meeting was called to order by Anne Stokman, Committee Chair, 4:11 PM

Other Board Members Present: Becky Campo, Committee Member

Staff Members Present: Karin Hennings, Administrative Director/CEO; Maria Reyes-Palad, Financial Accounting Manager; Paul Willette, Ambulance Director; and Danae Skinner, Administrative Staff Accountant

II. Public Participation – NONE

III. Acceptance of Agenda

M/S/C Becky Campo/Anne Stokman to accept the agenda with items 6A and 6D tabled until the next meeting.

IV. Finance Report Review

A. Review for Approval: May 19, 2021 Finance Meeting Minutes

M/S/C Anne Stokman/Becky Campo to accept the minutes for May 19, 2021 as presented.

B. Review Financial Reports for May 2021

Maria Reyes-Palad reviewed the reports and answered all questions regarding the Financial Reports.

M/S/C Anne Stokman/Becky Campo to recommend to the Board to accept the Financial Reports as presented.

C. Review for Recommendation May 2021 Warrants

Maria Reyes-Palad reviewed the report and answered all questions regarding the Warrants.

M/S/C Becky Campo/Anne Stokman to recommend to the Board to accept the Warrants as presented.

V. Old Business

A. FY 2021-22 Operating Budget – 2nd Draft

Karin Hennings reviewed the report and answered all questions regarding the Budget.

M/S/C Becky Campo/Anne Stokman to recommend to the Board to accept the FY 2021-22 Operating Budget as presented.

VI. New Business

A. FY 2021-22 Capital Expense Budget – 1st Draft.

Tabled until next meeting – No action taken.

B. Health Center Incentive Proposal

Karin Hennings reviewed the report and answered all questions regarding the Health Center Incentive Proposal.

M/S/C Becky Campo/Anne Stokman to recommend to the Board to accept the Health Center Incentive Proposal as presented.

DEL PUERTO HEALTH CARE DISTRICT
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- C. Health Center Sliding Scale “Fixed” Fee Proposal
Karin Hennings reviewed the report and answered all questions regarding the Health Center Sliding Scale “Fixed” Fee Proposal.
M/S/C Anne Stokman/Becky Campo to recommend to the Board to accept the Health Center Sliding Scale “Fixed” Fee Proposal as presented
- D. Triennial Finance Policies Review
Tabled until next meeting – No action taken.

VII. Accounting and Finance Manager Report

- A. Update on Grant and Stimulus Monies Received
 - COVID-19 Summary and Details
 - Telehealth Grant Balance as of January 2021
Information Only – No Action Taken
- B. COVID-Vaccine POD Details
Information Only – No Action Taken
- C. Set Schedule for Committee Review of Account Reconciliations
Anne Stokman reviewed the Account Reconciliations.

VIII. Meeting adjourned – 4:40 PM

Respectfully submitted,

Anne Stokman, Treasurer

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting

6A FY21-22 Capital Expense Requests Budget – Draft1

Page 1 of 2

Department: Chief Executive Office Consent Calendar: No
CEO Concurrence: Yes 4/5 Vote Required: No

SUBJECT: Requests for Capital Expenditures by Department

STAFF RECOMMENDATION: The Board consider approving the attached capital expense requests.

CONSIDERATIONS: Provide staff the necessary tools and equipment for their security and safety while performing. Replace various old equipment in the clinic.

POLICY ISSUE: Board approval required for unbudgeted expenditures over \$2,500.

FISCAL IMPACT:

Ambulance	\$97,123
Health Center	\$8,490
<u>Administration</u>	<u>\$ 900</u>
Capital Expense Request	\$106,513

DISTRICT PRIORITY: Provide the correct tools so staff can perform their jobs better and more efficiently.

STAFFING IMPACT: Purchasing process of capital requests

CONTACT PERSON: Department Heads

ATTACHMENT(S): FY 2021-2022 Ambulance Capital Expenditure Request
FY 2021-2022 Health Center Capital Expenditure Request
FY 2021-2022 Administration Capital Expenditure Request

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES

RECOMMENDED MOTION: ...the Board of Directors approves the Ambulance, Health Center, and Administration Capital Expenditure requests as presented.

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting

6A FY21-22 Capital Expense Requests Budget – Draft1

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AGENDA DATE:

AGENDA # & Title

BOARD MEETING ACTION SUMMARY

RECOMMENDED MOTION:

MOTION AMENDED: **YES** **NO**

AMENDMENT: _____

Motion Made By	Motion	Second
<i>Director Pittson</i>		
<i>Director Stokman</i>		
<i>Director Campo</i>		
<i>Director Mac Master</i>		
<i>Director Avila</i>		

VOICE VOTE TAKEN: **YES** **NO**
_____ *Pass* _____ *Fail* _____ *Mixed – take Roll Call Vote*

Roll Call Vote	Aye	No	Abstain	Absent
<i>Director Pittson</i>				
<i>Director Stokman</i>				
<i>Secretary Campo</i>				
<i>Director Mac Master</i>				
<i>Director Avila</i>				

MOTION IS:
_____ *Approved*
_____ *Denied*
_____ *Approved as amended*
_____ *Other*

**DPHCD Administration
Capital Expenditure Request
FY 2022**

Priority Level	Quantity	Equipment	Cost Estimates	
			Each	Total
1st	3	Ergonomic Office Chairs Standard replacement - has not been replaced in over 12 years.	\$ 300	\$ 900
TOTAL				\$ 900



Roll over image to zoom in



VIDEO

VIEW IN YOUR ROOM

Ergonomic Office Chairs, Mesh Desk Chair with Adjustable Headrest, Backrest, Seat Height & Depth, 4D Armrest Executive Computer Chair, High Back BIFMA Certified Task Chairs with 5-Year Warranty

Brand: SAMOFU
 ⭐⭐⭐⭐☆ ▾ 88 ratings

Was: ~~\$329.99~~ Details
 With Deal: \$279.99 Prime FREE Delivery
 You Save: \$50.00 (15%)

Thank you for being a Prime Member.
 Get \$125 off: Pay \$154.99 ~~\$279.99~~ upon approval for the Amazon Business Prime Card. Terms apply.

May be available at a lower price from other sellers, potentially without free Prime shipping.

Eligible for [amazon smile](#) donation.

Color: Black

Color: Black
 Furniture Finish: Mesh men women adult gift black big and tall

Maximum Weight Recommendation: 350 Pounds

Brand: SAMOFU
 Style: Mesh men women adult business gift

About this item

Buy new: \$279.99

Prime FREE Delivery

FREE Delivery by Friday, June 18 for Prime members
 Details

Extended delivery time:
 This item takes longer than usual to ship due to its size and/or weight.

📍 Deliver to Karin - Modesto 95350

In Stock.

Qty: 1 ▾

Add to Cart

Buy Now

🔒 Secure transaction

Ships from Amazon
 Sold by SAMOFUSTORE
 Packaging Shows what's Inside

Details

Return policy: This item is returnable ▾

Add a Protection Plan:

- 5-Year Indoor Furniture Accident Protection Plan for \$44.99
- 3-Year Indoor Furniture Accident Protection Plan for \$31.49
- Add a gift receipt for easy returns

Save with Used - Like New \$230.30
 Prime FREE Delivery

FREE delivery: Wednesday, June 23

Ships from: Amazon
 Sold by: Amazon Warehouse

Add to List



**Patterson District Ambulance
Capital Expenditure Request
FY 2022**

Priority Level	Quantity	Equipment	Cost Estimates	
			Each	Total
1st	1	Tri-band Portable Radio for Amb Dir. Stanislaus County public safety law and fire are moving toward 800MHz (different than our current UHF) and I have need of VHF. Full disclosure, We have VHF portables but only 3 which are used for P91-93.	\$ 9,123	\$ 9,123
2nd	1	Road Safety Video and Speed System Installation and equipment and 3 yr service contract for video driver and back cab observation and safety systems for five ambulances and 1 supervisor QRV	\$ 28,000	\$ 28,000
3rd	1	Standby and Supervisor Vehicle a used crew cab shortbed pickup, 2WD, add a shell, bedslide, radios and emergency lights. A quick scan looks like I can get reasonable, low mileage truck for \$40-45k before tax and another 15-20k to build out.	\$ 60,000	\$ 60,000
TOTAL				\$ 97,123

Billing Address:
 PATTERSON DISTRICT
 AMBULANCE
 PO BOX 187
 PATTERSON, CA 95363
 US

Quote Date:06/08/2021
 Expiration Date:08/01/2021
 Quote Created By:
 DAVID NAASZ
 DNaasz@deltawireless.com
 209.948.9611

End Customer:
 PATTERSON DISTRICT AMBULANCE
 PAUL WILLETTE
 Paul.Willette@dphhealth.org

Contract: 17724 - HGAC (TX)

Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
	APX™ 8000 Series	APX8000XE				
1	H91TGD9PW7AN	APX 8000 ALL BAND PORTABLE MODEL 3.5	1	\$6,292.00	\$4,593.16	\$4,593.16
1a	H869BW	ENH: MULTIKEY	1	\$330.00	\$240.90	\$240.90
1b	Q806CB	ADD: ASTRO DIGITAL CAI OPERATION	1	\$515.00	\$375.95	\$375.95
1c	Q361AN	ADD: P25 9600 BAUD TRUNKING	1	\$300.00	\$219.00	\$219.00
1d	QA02006AC	ENH: APX8000XE RUGGED RADIO	1	\$800.00	\$584.00	\$584.00
1e	Q58AL	ADD: 3Y ESSENTIAL SERVICE	1	\$115.00	\$115.00	\$115.00
1f	Q15AJ	ADD: AES/DES-XL/DES-OFB ENCRYPTION AND ADP	1	\$799.00	\$583.27	\$583.27
1g	Q53AF	ADD: FRONT PANEL PROGRAMMING & CLONING	1	\$150.00	\$109.50	\$109.50
1h	H842AZ	ADD: APX6000XE/APX8000XE SINGLE UNIT PKG	1	\$0.00	\$0.00	\$0.00
1i	H38BS	ADD: SMARTZONE OPERATION	1	\$1,500.00	\$1,095.00	\$1,095.00
2	NNTN8860A	CHARGER, SINGLE-UNIT, IMPRES 2, 3A, 115VAC, US/NA	1	\$157.00	\$117.75	\$117.75



Any sales transaction following Motorola's quote is based on and subject to the terms and conditions of the valid and executed written contract between Customer and Motorola (the "Underlying Agreement") that authorizes Customer to purchase equipment and/or services or license software (collectively "Products"). If no Underlying Agreement exists between Motorola and Customer, the Motorola's Standard Terms of Use and Motorola's Standard Terms and Conditions of Sales and Supply shall govern the purchase of the Products.
 Motorola Solutions, Inc.: 500 West Monroe, United States - 60661 ~ #: 36-1115800

Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
3	NNTN7624C	CHARGER,CHR IMP VEH EXT NA/EU KIT	1	\$472.00	\$354.00	\$354.00
4	PMMN4084A	AUDIO ACCESSORY- HEADSET,PLUS RSM NC IP54 THRD 3.5MM JACK RX	1	\$95.00	\$69.35	\$69.35

Subtotal		\$8,456.88
Estimated Tax		\$665.98
Grand Total		\$9,122.86(USD)

Notes:





1905 East 123rd Street
 Olathe, KS 66061
 1-800-440-4947 www.digitalallyinc.com

Date	2/18/2021
Page	1

Customer:

Del Puerto Health Center
 Paul Willette
 1700 Keystone Pacific Pkwy
 Patterson, CA 95363

Customer ID	Salesperson	Shipping Method	Payment Terms	Created By	Quote Valid
DAI002311	TJ	FEDERAL EXPRESS	Net 30	Thomas Jones	90 Days

Ordered	Item Number	Description	Retail Price	Item Discount	Discount	Ext. Price
5	002-05153-00	Camera Switch Kit V3	\$395.00	\$0.00	\$0.00	\$1,975.00
10	012-0002	Installation Charges	\$500.00	\$0.00	\$0.00	\$5,000.00
1	012-0002	Installation Charges	\$250.00	\$0.00	\$0.00	\$250.00
11	012-00042-00	Activation Fee	\$30.00	\$0.00	\$0.00	\$330.00
1	012-00043-00	ProServ-Turn-Key Setup	\$2000.00	\$0.00	\$0.00	\$2,000.00
5	566-00134-00	Camera, Surface Mount (IP69) w/ Smart IR and Image Switch	\$175.00	\$0.00	\$0.00	\$875.00
6	K001-00095-00	DVM-250Plus V2 with 3yr FleetVu Cloud Service, 3 yr Warranty, w/ surface mount camera	\$1495.00	\$0.00	\$0.00	\$8,970.00
5	K001-00225-00	FLT-250, w/ 3yr FleetVu Cloud Service, 3 CAM	\$1495.00	\$0.00	\$0.00	\$7,475.00

Notes:

DVM-250 Plus and FLT-250 Solution for Ambulances

Total Discount	\$0.00
Subtotal	\$26,875.00
Misc.	\$0.00
Tax	\$0.00
Freight	\$375.00
Total	\$27,250.00

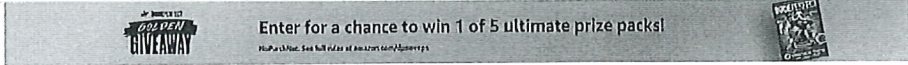
Thank you for your interest in Digital Ally products. If you would like to place an order, please contact the Digital Ally Sales Team at 1-800-440-4947.

TERMS OF SALE

Your purchase of goods from Digital Ally, Inc., a Nevada corporation ("Digital Ally") will be governed by the following terms of sale ("Terms"). You will be referred to throughout these Terms as "you".

**Del Puerto Health Center
Capital Expenditure Request
FY 2022**

Priority Level	Quantity	Equipment	Cost Estimates	
			Each	Total
1st	1	Audiometer Standard replacement - has not been replaced in over 12 years. Occasionally, it will have trouble with controls and earpiece.	\$ 2,000	\$ 2,000
2nd	1	Stand Alone freezer Standard replacement-has not been replaced in ten years.	\$ 500	\$ 500
3rd	1	Glucose Analyzer Standard replacement- Occasionally not reading properly.	\$ 1,700	\$ 1,700
4th	2	Handheld Pulse Oximeter wear and tear	\$ 575	\$ 1,150
5th	5	Wireless Phone Headsets Egonomics (front and phone staff)	\$ 280	\$ 1,400
6th	1	rest Standard replacement-has not been replaced in over 12 years. Foot rest are broken.	\$ 250	\$ 250
	1	Standard Wheelchair with swingaway elevated leg rest. Standard replacement-has not been replaced in over 12 years. Foot rests are broken.	\$ 300	\$ 300
7th	2	Tympanic Ear Thermometer (Peds) Standard replacement-normal wear and tear	\$ 210	\$ 420
8th	2	Scale with height rod Standard replacement	\$ 385	\$ 770
TOTAL				\$ 8,490



Back to results



Roll over image to zoom in

Poly - CS510 Support Convertible Wireless Headset (Plantronics) - Over-the-Head One Ear/Monaural Headset - DECT 6.0 - Connects to Desk Phone - Telephone Headset

Visit the Plantronics Store
★★★★☆ 1,142 ratings
683 answered questions

Was: \$284.99 Details
Price: \$256.99
You Save: \$28.00 (10%)

Thank you for being a Prime Member. Get \$125 off: Pay \$131.99 \$256.99 upon approval for the Amazon Business Prime Card. Terms apply.

Not eligible for Amazon Prime. Available with free Prime shipping from other sellers on Amazon.

Eligible for **amazon smile** donation.

Special Headsets Feature

- Brand** Plantronics
- Noise Control** Active Noise Cancellation
- Color** Black/Silver
- Form Factor** Over Ear

About this item

- Gain mobility—multitask hands-free up to 350 ft

\$256.99

FREE delivery: June 11 - 15

Deliver to Karin - Modesto 95350

Only 4 left in stock - order soon.

Qty: 1

Add to Cart

Buy Now

Secure transaction

Ships from OfficeWorld Store
Sold by OfficeWorld Store

Return policy: This item is returnable

Add a Protection Plan:

- 4-Year Protection for \$44.99
- 3-Year Protection for \$33.99

Add to List

New & Used (16) from \$159.99 & FREE Shipping

Share [Email] [Facebook] [Twitter] [Pinterest]

Other Sellers on Amazon

\$259.57 Add to Cart

& FREE Shipping
Sold by: The Factory Depot

\$299.97 Add to Cart

& FREE Shipping
Sold by: BmBrooks

\$299.98 Add to Cart

& FREE Shipping
Sold by: Garner Supply

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting

6D – Triennial Review of District Finance Policies

Page 1 of 2

Department: Chief Executive Office
CEO Concurrence: Yes

Consent Calendar: No
4/5 Vote Required: No

SUBJECT: **Triennial Review of District Finance Policies**

STAFF RECOMMENDATION: The Board consider approving the amended Financial Management Policies as recommended.

CONSIDERATIONS: Several policies of the District have not been reviewed or amended to match current practices or best practices. This process should happen on a triennial basis.

POLICY ISSUE: District Policies should be review and, if needed, amended to current or best practices.

FISCAL IMPACT: None

DISTRICT PRIORITY: Review and update operational policies every three years

STAFFING IMPACT: None

CONTACT PERSON: Karin Hennings & Maria Reyes

ATTACHMENT(S):

Document Name
2110 Cell Phone Allowance
2112 Capital Expense Policy and Procedure
2127 Non Travel Food and Employee Recognition Expenses
2130 Travel Expenditures
2140 Purchasing Policy
2145 Mileage Reimbursement
2155 Financial Reserves
2170 Contractors & Consultants
2180 Expense Reimbursement: Travel/Business
2181 Petty Cash Policy
2190 Banking Access and Security
2225 Electronic Device Replacement
2500 Sliding Fee Discount Policy

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES

RECOMMENDED MOTION: *I move the Board of Directors amend and adopt the Finance Operations Policies as recommended.*

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting

6D – Triennial Review of District Finance Policies

BOARD MEETING ACTION SUMMARY

RECOMMENDED MOTION:

MOTION AMENDED: YES NO

AMENDMENT: _____

Motion Made By	Motion	Second
Director Pittson		
Director Stokman		
Director Campo		
Director Mac Master		
Director Avila		

VOICE VOTE TAKEN: YES NO
_____ Pass _____ Fail _____ Mixed – take Roll Call Vote

Roll Call Vote	Aye	No	Abstain	Absent
Director Pittson				
Director Stokman				
Secretary Campo				
Director Mac Master				
Director Avila				

MOTION IS:
_____ *Approved*
_____ *Denied*
_____ *Approved as amended*
_____ *Other*

ACCOUNTABLE CELL PHONE PLAN	EFFECTIVE DATE
	08/01/2011

REVIEW DATE: JUNE 28, 2021	REVISION DATE: JUNE 28, 2021
POLICY SOURCE: DPHCD Existing Policy	

Policy: District employees with an identified need for regular cell phone use as a part of their ordinary duties shall be given an allowance of a predetermined amount based on level of service, to maintain a personal cell phone that they will use for District business.

Purpose: It is the District's responsibility to safeguard our assets, to provide the appropriate tools for employees to meet their job responsibilities, and to comply with applicable regulations as efficiently as possible

Procedure: The ~~Executive Administrator~~[Administrative Director/CEO](#) shall approve cell phone allowances. The basic criteria for establishing need for cellular service are:

1. A requirement to travel frequently on District business Large proportion of time spent away from the office;
2. A need for others to be in constant communication with the individual;
3. A need for the employee to communicate constantly with the District while traveling;
4. A need to contact the employee after normal business hours on a constant basis, for example individuals in an on-call status; or
5. Required by the ~~Executive Administrator~~[Administrative Director/CEO](#).

Once an employee is approved for the plan, a monthly allowance will be provided for a portion of the employee's personal monthly cellular plan costs. Under this plan, the employee is responsible for paying their monthly cellular service invoices and:

1. Allowance amounts shall be reviewed annually, and adjustments made as needed;
2. The Executive Director will determine the most economical and reasonable allowance plan an employee should be assigned to and a different plan selection can be made no more often than every 6 months;
3. The employee's personal cell number must be provided to administration for business purposes;
4. The employee's department/cost center will be responsible for allowance expense;
5. The employee is responsible for all costs associated with equipment, plan overages, activation, and incidentals;
6. The allowance will be paid to the employee in the payroll period that ends on the first payday for the month the expense is expected to be incurred;
- ~~7. The employee shall provide a summary bill from the wireless provider for each month they have been provided an allowance to the District~~

ACCOUNTABLE CELL PHONE PLAN	EFFECTIVE DATE
	08/01/2011

~~within 30 days of receipt.~~

~~8. Substantiation of the expense must occur within 60 days after it is paid or incurred, or an amount returned to the District within 120 days after an expense is paid or incurred. Any amounts not substantiated or returned will be considered wages paid under a non-accountable plan.~~

The available price plans are as follows:

Plan #	# of Monthly Minutes	Monthly Gross Allowance	Maximum Annual Gross Allowance
Voice Only			
1	0-450	\$25	\$300
Voice > 500 or Voice and Data			
<u>21</u>	=>500 / 2gb	\$50	\$600

The cell phone allowance will terminate when any one of the following occurs:

1. Employee termination.
2. Employee continuously chooses not to use the phone for business use or is continuously unavailable.
3. Failure to substantiate the expense in a reasonable time.
4. Administrative discretion.

It is the employee's responsibility to use the cell phone safely, including abiding by any local, state, or federal laws, or District policy and procedures.

CAPITAL EXPENSE	EFFECTIVE DATE
	10/26/2020

REVIEW DATE: JUNE 28, 2021	REVISION DATE:
POLICY SOURCE: California Special Districts Association Best Practice	

1. Purpose

The purpose of this policy is to set forth the regulations and procedures governing the control and reporting of capital and controlled assets. It is intended to assist personnel in implementing and maintaining an effective and accurate process for tracking fixed assets is necessary for the following reasons:

- The District prepares financial information using the Generally Accepted Accounting Principles (GAAP) and Government regulations require us to track asset's cost, depreciation, and disposal of the asset.
- The District also utilize asset records for insurance purposes. In the event of a loss it is necessary to have an accurate record of the asset to ensure adequate insurance coverage, of the item lost.
- The most important reason is accountability. District Assets are purchased using taxpayers' funds. It is important to have a process in place to account for the use of taxpayers' funding.

2. Definitions

For the purpose of these policies and procedures the following definitions apply.

Assets - Refers to both "capital" and "controlled assets".

Capital Assets - Refers to real or tangible property having:

- A value greater than or equal to capitalization threshold of \$2500;
- Not be intended for sale in the ordinary course of operations; and
- Having an estimated useful life of greater than one year from the time of acquisition.

Controlled Assets - Refers to items with a cost less than \$1000 or less than \$2500 total cost for multiple items purchased, but which are particularly at risk or vulnerable to loss or theft.

3. Capitalization Threshold

All purchased assets with a cost of \$2500 or greater should be recorded as Fixed Asset and should be capitalized.

Total cost would be the basis for purchase of multiple items; not per unit cost.

For example:

\$2500 or greater - purchase of 10 pcs of printers with a unit cost of \$250 each; total cost is \$2500.

These printers should be recorded as Fixed Assets and capitalized since total amount is \$2500. These are treated as Capital Assets.

Lesser than \$2500 – purchase of 5 pcs of printers with a unit cost of \$250 each; total cost is \$ 1250.

These printers should be expensed as Small Tools and Minor Equipment. These are treated as Controlled Assets.

4. Classification and Definition of Assets

a. Land

Land includes the investment in real estate other than:

- Buildings and improvements; and
- Land acquired for street and road purposes.

Land - including any acreage, parcel, or plot associated with infrastructure – should be reported at cost, estimated cost, or estimated fair value at the date of acquisition. Land is not depreciated because it has an indefinite life.

b. Buildings and Improvements

CAPITAL EXPENSE	EFFECTIVE DATE
	10/26/2020

Building and Improvements are physical property of a permanent (non-moveable) nature. *Fixtures* are defined as permanent attachments to buildings that are not intended to be removed and that function as part of the building, such as boilers, lighting fixtures, or plumbing.

c. Equipment

Equipment includes movable personal property of a relatively permanent nature and of significant value, such as furniture, machines, tools and vehicles.

d. Intangible Assets

Intangible assets are assets that lack physical substance, are nonfinancial in nature (not in a monetary form), and have a useful life extending beyond a single reporting period. Examples include easements, water rights, computer software, copyrights, patents, intellectual property, goodwill, privileges and other intangible property necessary or valuable in the conduct of operations.

e. Construction in Progress

These are the recorded expenditures for general capital assets being constructed but not yet completed. These remains in this account and adjusted with additional expenditures until the project is completed. Upon completion, the proper asset is charged with the total of the completed construction and crediting Construction in Progress account.

5. Estimated Life

The useful life of an asset is the normal operating life in terms of utility to the owner. Estimates of useful life consider factors such as physical wear and tear and technological changes that bear on the economic usefulness of the asset.

District uses the following chart of asset classification with respective useful life based on Internal Revenue Service guideline 1.35.6.10 :

Land	- 0 years
Building and Improvements	- 40 years
Fixtures	- 10 years
Equipment:	
Laptop and Desktop	- 3 years
Furnitures	- 8 years
Vehicles	- 5 years
Intangible (Software)	- 3 years

6. Capital Expense Request

- Department manager fills up a Capital Expense Purchase Request Form (Attachment A) when needed. The purpose, description, type and justification of the purchase should be clearly stated.
- The following should be identified:
 - Asset classification**
 - Capital Assets – when cost is \$2500 or more and recorded as Assets; or
 - Controlled Assets – when cost is lower than \$2500 and recorded as Expense.
 - Funding**
 - Asset Replacement Fund – funds set aside for capital asset purchases; or
 - Financing – either a loan or a lease.
- Three (3) quotes is required for review of Finance Committee over \$25,000 value or contract greater than three (3) years;
- and to be approved by Board of Directors.

CAPITAL EXPENSE	EFFECTIVE DATE
	10/26/2020

- Once resolution is approved, CEO will then approve the request form and proceed with the purchase.

All Capital Expense Request will be filed accordingly in this manner:

- Approved Board Resolution
- Capital Expense Request Form with approvals from Finance, Board and CEO
- Three (3) Quotes

7. Recording

A copy of the completed request form will be forwarded to Accounting to record the purchase appropriately.

- All capital asset purchases should be recorded on usual accounting manner; debiting Asset and crediting Liability or Cash.
- Only when funding is coming out of the Asset Replacement Fund; then a separate entry should be made to segregate the approved request; crediting Approved Capital Expense account and debiting Asset Replacement Fund.

POLICY ON USE OF NON-APPROPRIATED FUNDS FOR NON-TRAVEL FOOD AND EMPLOYEE RECOGNITION EXPENSE	EFFECTIVE DATE
	09/30/2020

REVIEW DATE: JUNE 28, 2021	REVISION DATE:
POLICY SOURCE: AUDITOR RECOMMENDATION	

PURPOSE

To provide guidelines for purchases of non-travel food and employee recognition with non-appropriated District funds.

POLICY

1. The District will generally charge food and employee recognition expenditures against income earned on District deposits to ensure that appropriated/tax funds are not used for food or employee recognition expenses that are not travel related.
2. In limited circumstances, Departments may provide food and employee recognition with District funds. All food and expenditures shall be paid from each department's existing budget; unbudgeted expenses shall follow District policy for Board approval. Examples of situations for which District funds may be used for food and employee recognition include:
 - Staff training sessions where it is not practical to disrupt the session for an offsite lunch break. For this policy, staff training may be defined as development, leadership, or specialized training essential to help staff acquire subject matter expertise in their functional areas.
 - Employees attending trainings or conferences that do not meet the requirements for the Travel Policy may submit an Employee Reimbursement form with itemized receipts to receive reimbursement for meals not included as part of the training/conference registration fee. All costs must comply with the CONUS rates for the jurisdiction.
 - Non-regularly scheduled meetings, held during the lunch hour, where it is not practical to go off-site for lunch to complete District business or meetings held during non-business hours (i.e. early morning meetings, evening meetings, or weekends) where it is not practical or may be disruptive to go offsite to obtain food/beverages.
 - Anticipated long District Board meetings where it would not be practical for the District Board and staff to go offsite.
 - Employee recognition events, receptions, special events, and/or meetings where the District Board or District is hosting individuals, groups, etc. and provide food/beverage services to reflect the District's hospitality.
 - Minimal food and beverage purchases, such as bagels and coffee, may be made for meetings and trainings as approved by the department head or District CEO. These purchases should be reasonable for the meeting purpose and attendees. Any questionable expenses may be reviewed by the Finance Manager for appropriateness.
 - A Business Meal is a meal with a District employee and one or more non-District employee(s) to discuss business-related matters. For pre-approved business meals, the amount of money spent on

POLICY ON USE OF NON-APPROPRIATED FUNDS FOR NON-TRAVEL FOOD AND EMPLOYEE RECOGNITION EXPENSE	EFFECTIVE DATE
	09/30/2020

food and beverage exclusive of tax and tip must be compliant with the 150% of the Per Diem rates established by the U.S. General Services Administration (GSA) for federal travel conducted in the Continental United States (CONUS) and internationally. The CONUS rate schedule can be found online. In limited circumstances, this will also include offsite meals with employees as approved by the department manager.

- Note: If a training or a meeting runs through an employee's lunch, hourly employees may need to be compensated for that time. Please consult with Human Resources.
3. The Department Director or Manager shall be responsible for all food and employee recognition expenditures and shall ensure that these expenditures are reasonable, are within budgetary limits, and are consistent with the intent of this policy.
 4. Alcoholic Beverages. Under no circumstances will expenses for alcoholic beverages be reimbursed by the District.

PROCEDURES

1. **Manager.** Approved the purchase of food and/or employee recognition using either District Procurement card or personal funds.
2. **Manager.** Submit receipt to Finance Department. If employee reimbursement is required, send Employee Reimbursement Form to Finance (Accounts Payable) for review and processing.
3. **Finance Manager.** Review food and employee recognition purchases for compliance with the District's Food and Employee recognition Policy.
4. **Finance Manager.** Review and approve Procurement card statements or approve reimbursement on the Employee Reimbursement Form.
5. **Finance Manager.** Track non-travel food and employee recognition expenditures for the Department.
6. **Accounts Payable.** If applicable, process employee reimbursement through Payroll.

TRAVEL EXPENDITURES	EFFECTIVE DATE
	TBD SEPT 5, 2019

REVIEW DATE: JUNE 28, 2021	REVISION DATE:
POLICY SOURCE: California Special Districts Association Best Practice	

Purpose:

To explain District policy on travel expenditures

Scope:

This Policy applies to all personnel and any person being sponsored by the District.

Policy:

Del Puerto Health Care District recognizes the necessity for its board members and employees to travel to conduct business, training, or attend meetings. This document is intended to clarify what is the District's responsibility and to provide guidelines to its employees and board members.

Procedure:

1. The Department Manager and Administrative Director / CEO shall pre-approve any traveling or expense related to traveling whenever possible.
2. The request should be made in writing, dated, and signed by the parties making such a request.
3. Under normal conditions those expenses should be budgeted in that program.
4. For non-budgeted travel the Administrative Director / CEO or their designee shall have the authority to approve or deny any request made.
5. Request should include cost of transportation, hotel, meals, vehicle rental, parking, and incidentals.
6. If the person wants to travel by his/her personal vehicle they must receive pre-approval by the Department Manager.
7. If the distance travel is greater than 700 miles round trip, it is expected that the employee will travel by air. However, if the employee wants to use her/his own vehicle they can with the approval of the Department Manager. Unless other arrangements are made the employee will only receive payment for expenses equal to the lesser cost for traveling.
8. Hourly employees who qualify for overtime will be paid for the actual hours while in attendance of the class or meeting.
9. On days for traveling employees will be paid for actual travel time outside of their normal work hours. This will include 1 and ½ hours on either side of their flight time for a total of 3 hours.
10. The exception for this is if the employee decides to use his or her own vehicle instead of using air travel the overtime will be compensated for the equivalent of air travel time plus 3 hours.

TRAVEL EXPENDITURES	EFFECTIVE DATE
	TBD SEPT 5, 2019

11. On meetings that start before 9 am the District will allow the employee to travel the night before if the distance is greater than 120 miles or the meeting is a municipal area where on-time arrival in commute traffic would make departure for unreasonably early (before 5:00 AM).
12. If the reason for travel ends prior to 6 pm and the travel distance is less than 500-miles it is expected that the employee will return on that day. In the event of any unforeseen circumstances, the Division Chief must be contacted.
13. If there are any questions about what is covered make sure to ask and get approval prior to incurring the expense.
14. Reimbursement for traveling by personal vehicle will be at the standard IRS mileage rate.
15. Per Diem - \$64.00 per day for meals for one-day travel or more. For less than one day travel, meal expense compensation shall be \$8.00 for breakfast \$12.00 lunch, \$ 20.00 for dinner and \$6.00 incidentals. This per diem shall not include the purchase of alcoholic beverages.
16. Employees will have a choice to either be paid up front the per diem rate prior to leaving or be paid back for actual expenditures based on receipts up to the per diem rate listed in 15.
17. All travel and lodging arrangements should be made through the administration office.

DRAFT

PURCHASING POLICY	EFFECTIVE DATE
	SEPTEMBER 2011

REVIEW DATE: JUNE 28, 2021	REVISION DATE: SEPTEMBER 9, 2014 6/2021
POLICY SOURCE: DPHCD Past Practice	

Purpose: Establish purchasing protocols designed to increase accountability of staff assigned to originate, place, receive and store supplies and equipment necessary to conducting business.

Policy: All supplies and equipment purchased by Del Puerto Health Care District and associated departments will be properly accounted for by following established protocols as outlined in the procedure listed below.

Procedure:

Placing Order:

- Evaluate need for item or items.
- ~~Select appropriate vendors from approved vendor list (Appendix A)~~
- ~~If appropriate vendor is not available, request an exception from CEO~~
- [Department Manager or Department Head are authorized to process and purchase recurring operating supplies up to \\$2,500](#)
- [Complete Purchase ~~Justification form~~ Order for new purchases with an amount exceeding \\$2,500; requires Administrative Director/CEO approval](#)
- [Purchases exceeding \\$10,000 requires three vendor quotes](#)
- Place the order and print a confirmation for online orders, print email confirmation, or request fax confirmation of order

Receiving Order

- Upon receipt of supplies or equipment, compare the contents of the packing slip and order confirmation.
- Call or email vendor regarding any back-order items and document status on packing slip
- Back-ordered items are not to be paid for until received
- Check off each received item off the packing slip, sign and date packing slip and submit to ~~supervisor~~ [Department Head](#)
- ~~Supervisor~~ [Department Head](#) will submit complete packing slip and order confirmation to A/P for processing

Invoice Receipt

- Upon receipt of invoice, forward to A/P
- A/P will compare invoice to packing slip and order confirmations for accuracy of prices and back orders
- Submit Invoice to ~~CEO~~ [Department Manager and Finance Manager](#) for payment approval

Definitions: Competitive Pricing – prices of supplies or equipment will be of a price that is appropriate for the supply or equipment requests.

Quality – the supply or equipment purchased will be of sufficient quality to meet the need of the intended purpose without unnecessary re-order or replacement.

MILEAGE REIMBURSEMENT	EFFECTIVE DATE
	MAY 2, 2008

REVIEW DATE: JUNE 28, 2021	REVISION DATE: June 28, 2021
POLICY SOURCE: DPHCD Past Practice	

Policy: Employees of the District may be required to travel in their private vehicle on District business and they will be reimbursed for that travel at the current IRS Standard ~~Deduction-Mileage~~ Rate after proper submission of the reimbursement request.

Purpose: To fully reimburse employees for business expenses they have been asked to incur during the regular course of their employment.

Procedure: Any employee that has used their private vehicle for District business during the course of their employment, after incurring the travel expense, shall:

1. Enter the details of the trip on a ~~log-sheet~~ [Mileage Reimbursement Form](#), noting the date, destination, [purpose](#), and mileage.
2. Submit a completed ~~check/mileage requisition form along with the log-sheet-mileage reimbursement form~~ to their supervisor for approval [at the end of each month](#).
3. Submit the above ~~check-requisition~~ form at the end of each pay period that they incurred [other](#) travel expenses.
4. Have on file a copy of their current valid California driver's license.
5. Have on file a copy of their current valid Proof of Insurance for their vehicle.

RESERVE POLICY	EFFECTIVE DATE
	FEBRUARY 27, 2017

REVIEW DATE: JUNE 28, 2021	REVISION DATE:
POLICY SOURCE: Little Hoover Commission 2001 Recommendation; California Special Districts Association Best Practice	

Purpose: The Board of Directors wants to ensure that the District will always have sufficient funding available to meet its operating, capital, and debt service cost obligations, and recognizes the need to establish the finances necessary to secure additional health care services for the benefit of existing and future residents. Therefore, the Board is establishing the Del Puerto Health Care District Reserve Policy.

Policy: **DPHCD** complies with requirements imposed by law for the handling of developer related fees. DPHCD wants financial planning to address the planned needs for capital projects and equipment purchases. DPHCD desires a reserve for unanticipated and unforeseeable expenses and recognizes a need for long term strategic financial policies.

Procedure:

Legally Restricted Reserves:

Legally restricted reserves are managed according to restrictions and rules established by law. The Board of Directors has limited discretion in the management and designation of legally restricted reserves. Such funds used according to Board action.

1. Mitigation Fees:

DPHCD will establish a Mitigation Fee (aka Impact Fee or Developer Fee) account and keep separate the funds collected from developers to pay for the mitigation of costs related to new facilities or equipment necessary to deliver health care to newly developed commercial and residential property. These funds are subject to the requirements of the Mitigation Fee Act (AB 1600). The funds may not be used to support ongoing operations of the District. The District is legally required to account for these funds separately. An annual report is required to show balance forward, fees collected, income earned, expenditures, and future comments. All funds collected must be committed or expended within five years of being collected or they must be refunded. These funds are restricted to the design and construction of capital facilities or capital equipment for health care delivery with the District boundaries.

2. USDA Debt Service Reserve:

DPHCD will maintain a Debt Service Reserve accounting on its balance sheet. This fund is governed by legal conditions required by the USDA for the District's loan financing. The loan conditions require that this fund be maintained at an amount at least equal to an average annual loan installment. This reserve will be accumulated at the rate of at least one-tenth of that average installment each year until the required level is reached which is one average annual loan installment.

RESERVE POLICY	EFFECTIVE DATE
	FEBRUARY 27, 2017

Board Restricted Funds:

Board designated funds are set to accomplish systematic and strategic goals or provide for prudent management of operations. The Board of Directors has complete discretion in the management and designation of self-adopted funds. Such funds can be modified, transferred, or altered by Board action.

4. Operating Reserve:

The Operating Reserve will vary over time with a goal of maintaining three-months average operating expenses excluding depreciation. This reserve is considered a working cash requirement. It bridges the gap between the time expenses are paid and the time revenues from services are collected.

5. Asset Replacement Fund:

The Asset Replacement Fund pays for the replacement of existing facilities and equipment as it reaches the end of its useful life or major repairs that extend the useful life of facilities and equipment. At the end of each fiscal year, the Board will evaluate the depreciation expense for the year and by the fall will transfer, by resolution, the Board determined sum related to depreciation according to District need into the Asset Replacement Fund.

6. Unrestricted Reserves:

Unrestricted Reserves represent a remainder balance of cash that is not yet designated for some use by the Board of Directors.

EMPLOYMENT OF OUTSIDE CONTRACTORS AND CONSULTANTS	EFFECTIVE DATE
	JANUARY 1, 2012

REVIEW DATE: <u>JUNE 28, 2021</u>	REVISION DATE: June 1, 2015 <u>JUNE 28, 2021</u>
POLICY SOURCE: California Special Districts Association Best Practice	

Purpose: The District employs outside contractors or consultants for construction, engineering, planning, and environmental review projects, or for auditing, legal, financial, revenue cycle management, physician services purposes.

Policy: The ~~CEO/Administrator~~ Administrative Director / CEO will approve any contract for goods and services up to \$5000.00 per vendor/consultant/contractor.

Board of Director approval of consultant contracts is required for contracted amounts over \$5000.00.

Multi-year contracts and changes to multi-year contracts will be approved by the Board of Directors.

Any approved contracts will be reported the Finance Committee.

Procedure: **Contracts.** Engagement contracts for on-going, budgeted, regular business services will be approved by the ~~CEO/Administrator~~ Administrative Director / CEO.

- Non-budgeted services or additional special services over \$5,000 provided by an existing contractor will be approved by the Board of Directors ~~in the event the special service cost will result in a budget overage.~~
- Any change of budgeted vendors will be reported to the Finance Committee.

Consultants with contracts greater than \$5,000 will be selected by the ~~CEO/Administrator~~ Administrative Director/CEO and are subject to approval by the Board of Directors.

- The ~~CEO/Administrator~~ Administrative Director / CEO and/or Board of Directors will make their selection based on the consultant's experience and qualifications.
- The consultant ~~will also be~~ is required to provide an explanation of scope of work, hours to complete, and applicable cost estimate for their services that will be used in their evaluation in the selection process.
- Consultants for engineering and architectural services shall be evaluated based upon qualification and not on cost of services per state law.

EXPENSE REIMBURSEMENT: TRAVEL/BUSINESS	EFFECTIVE DATE
	OCT 01, 2019

REVIEW DATE: <u>JUNE 28, 2021</u>	REVISION DATE: SEPTEMBER 2014 <u>JUNE 28, 2021</u>
POLICY SOURCE: DPHCD Past Practice	

Purpose:

This policy establishes standards for Del Puerto Health Care District (“District”) Employees & Board Members who incur expenses during business activities on behalf of or at the request of District. The purpose of this policy is to provide uniform standards for those employees who incur, authorize, and approve business travel, out-of-pocket, and entertainment expenses. The policy also defines the documentation necessary to support reimbursement for business travel, out-of-pocket and entertainment expenses.

Policy:

Business Travel Expenses

Business travel expenses are reasonable and necessary expenses that an employee incurs while traveling away from home on District business or related activities approved by District. This Section applies to basic expenses associated with travel on District business. Section B contains separate requirements related to business entertainment expenses.

1. Hotel Accommodations - Employees should use hotels that balance the needs for convenience, safety, and lower cost. Employees may not stay at luxury hotels such as Ritz Carlton, Four Seasons or utilize similarly expensive lodging unless it is a designated conference hotel. Employees will not be reimbursed for bottled water, in-room movies, or mini-bar expenses.
2. Airfare - Employees must travel coach/economy class at the most economical rate available to reasonably accommodate business schedules. Use of the long-term parking lots and/or off airport parking is encouraged to reduce overall travel costs.
3. Mileage/Ground Transportation - When it is more practical to use a personal automobile when traveling on business, reimbursement will be made at the currently established IRS rate per mile for the actual miles necessary to conduct the relevant business. Other ground transportation (e.g. taxi, bus, subway, rail, etc.) will be reimbursed if it relates to District business. Other costs associated with ground transportation such as parking and bridge tolls will be reimbursed.
4. Rental Cars - Luxury and premium cars are not reimbursable.
5. Meals - District will reimburse reasonable meal expenses incurred by employees traveling out-of-town on District business. Such meals will be reimbursed at the currently established IRS rate per meal. District will not reimburse meal expenses for an employee’s spouse.
6. Telephone Calls/Faxes/Mail Service While Traveling - Necessary business-related telephone calls, faxes or mail service and business use of personal cell phone, home phone or faxes will be reimbursed with appropriate documentation.
7. Personal calls while traveling, such as reasonable calls to home, family members, baby sitters, etc., are allowable business expenses.
8. Spouse Travel - No reimbursement is allowed for travel expenses, (including, but not limited to, airfare, hotel, meals, transportation, tips, etc.) paid or incurred by an employee with respect to a spouse, dependent or other individual accompanying an employee on a business trip.

EXPENSE REIMBURSEMENT: TRAVEL/BUSINESS	EFFECTIVE DATE
	OCT 01, 2019

Business Entertainment Expenses (including meals and gifts)

Business entertainment expenses are those expenses incurred by the employee while (i) conducting/discussing District business and (ii) meeting with other District employees (including subordinates) and/or other persons who directly (or through another entity) do business with or support the District.

1. [All travel requires a Travel Request Form to be submitted and approval granted prior to travel dates.](#)
- 4.2. Business Meals - Business entertainment and meal expenses must be reasonable and appropriate, taking into consideration the location of the meal/event, the participants, the nature of the event, and other relevant factors.
- 2.3. District will only reimburse meal expenses involving District-only participants when a significant amount of the discussion/purpose of the meal is business related – whether the meeting takes place in a restaurant or the office.
- 3.4. Employees are reminded that they represent the District while on company business and that alcohol use, if any, must be responsible and in conjunction with a meal.
- 4.5. Business Gifts - Modest business gifts to non-employees (including board members and sponsors) will be reimbursed with the approval of the District's CEO or Board President and appropriate documentation.
- 5.6. Gifts to Employees - Generally, District will not reimburse an employee for gifts (including flowers) to subordinates, peers, or supervisors, including events such as a birthday, holiday (e.g., Christmas), wedding, special days (i.e., secretary day), birth of child or other life event.
- 6.7. With the CEO's or Board President prior approval, an employee may expense a gift to a District employee or board member for exceptional performance, as a thank you for a special effort, as a going away gift, or as an acknowledgement for completing a degree or training program. In addition, an employee may expense flowers or another appropriate and reasonable gift sent to a subordinate, peer, supervisor, or board member in the event of the death of an employee or immediate family member, the hospitalization of the employee or employee family member or other family crisis.

Procedure

Expense reports must be completed in accordance with the requirements of this policy.

1. Expense Reporting Signature and Approvals - Expense reports must be signed by the employee and approved by the employee's supervisor or the Board President. By signing the expense reports, employees and the individual approving reports are representing and confirming that the expense report complies with these standards.
2. Forms to be Used - Employees must use the current District expense report form(s) for reimbursement of out-of-pocket expenses, the current District mileage and associated reimbursement form for reimbursement of mileage.
3. Attachments to Forms - When preparing expense reports, receipts should be attached.
4. Substantiation of Expenses - Generally, a receipt should be provided in support of out of pocket expense items. Exceptions to this general requirement include bridge tolls, highway tolls, modest bus or subway fares, and tips to baggage handlers in hotels, airports. A receipt should accompany all District credit card purchases.

PETTY CASH POLICY	EFFECTIVE DATE
	JAN 27, 2009

REVIEW DATE: JUNE 28, 2021	REVISION DATE:
POLICY SOURCE: DPHCD Past Practice	

Purpose:

The purpose of this policy is to ensure that requests for reimbursement of business expenses through petty cash follow defined guidelines.

Policy:

Petty Cash transactions will be processed according to the following guidelines:

Procedure:

Dollar Amounts: A business expense of \$100 or less may be reimbursed through Petty Cash, if current balance allows.

Documentation: Supporting documentation in the form of original receipts should be remitted in order for reimbursement. Receipts should clearly document the purchase. Petty Cash Log must be completed at time of each usage.

Reconciliation & Replenishing: Upon request for replenishment of Petty Cash, the petty cash log should be attached to the Check Requisition form and the disbursement documentation for all paid receipts.

Balance: At all times the petty cash balance plus all receipt will total \$100.00. Failure to comply with the Petty Cash Policy may result in disciplinary actions up to and including termination of employment.

BANKING ACCESS AND SECURITY	EFFECTIVE DATE
	JULY 30, 2018

REVIEW DATE: JUNE 28, 2021	REVISION DATE: JUNE 28, 2021
POLICY SOURCE: DPHCD Past Practice	

Policy: This Board of Directors' policy establishes reasonable limits, safeguards, and procedures to ensure the money and financial transactions of the District are kept and conducted in a safe and transparent manner.

Purpose: To establish clear and consistent procedures to guide administrative staff and the Board in check writing, online, and in-person access to District banking accounts.

Procedure: At least annually, the Board of Directors shall update the Banking Access and Security Resolution to ensure only authorized staff and Board Directors can access the finances and financial records of the organization. These procedures pertain to all banking accounts the District holds, reasonably ensure unauthorized transfers will not be made, and may vary based on the system of each banking institution.

- I. **Banking Access:** Banking is controlled by annual Board resolution naming those employees and board member of the District who are authorized at one or more of the following levels:
 - A. Online: look-up information, print statements, place stop-payments
 - B. Transactions:
 1. sign checks;
 2. phone, in-person, and online transfers
 - C. Banking Security Manager:
 1. authorize online users,
 2. verify transactions, as required by bank
- II. **Transaction Authorization Limits:** check signing, in-person, and online transfers are subject to the following financial limits:
 - A. Checks up to \$10,000.00
 1. Administrative Director / CEO as single signatory or approver
 2. Board of Directors - two signers
 - B. All Checks greater than \$10,000.00 require two-signers.
 - C. Intra-bank transfers of any amount (e.g., payroll) requires documentation of the amount and purpose of the transfer, verification by a staff member, and authorization by a Board member or the Administrative Director / CEO.
- III. **Online Banking Access**
 - A. The Board Treasurer is generally the Board designee to act as the District's Banking Security Manager unless another person is designated per Board resolution.
 - B. *User Online access and passwords are established by the Bank.*
 - C. A monthly report of occasions when online banking was accessed should be reviewed by the Finance Committee for security.

BANKING ACCESS AND SECURITY	EFFECTIVE DATE
	JULY 30, 2018

IV. Electronic Payment and Transfers

- A. Stop payments can be authorized by any staff or Board member with view-only or higher online access
- B. Electronic banking allows wire transfers, electronic transfers, stop payments on checks, and account balance inquiries be initiated and completed via computer or telephone.

V. Internal Accounting Software – QuickBooks Administrator

- A. The default Administrator of QuickBooks user permissions is the Administrative Director / CEO who acts as the District's CFO
- B. QuickBooks access level is determined by the Administrative Director / CEO and permission is set to allow the appropriate level of access depending on staff positions and job duties.
- C. Upon separation of a staff member, their password is immediately removed to prohibit any unauthorized activities or entries, and keys to DPHCD's offices and cash box are returned.

VI. Expenditure Approvals: The Board of Directors or Administrative Director / CEO will authorize expenditures as follows:

- A. General operations and maintenance expenses, payroll, budgeted purchases of equipment, contracts for services, and any unbudgeted purchase under \$2500.
- B. The Administrative Director / CEO has the authority to purchase items more than \$2500 if the item(s) were approved by the Board of Directors as part of the annual budget or by Board resolution.
- C. Authorization up to \$2,500 for periodic, standard expenditures (e.g., medical supplies, vaccines) may be delegated to Department Managers.

VII. Requests for Payment

- A. Payment for supplies or services will be made based on invoices, not statements. If an invoice for services or supplies is lost, a duplicate invoice must be sought from the vendor. If a duplicate is unable to be obtained, a note explaining the expense and detailing the cost is submitted with the PA stamp for approval by the ~~Administrative Director / CEO~~ [Finance Manager](#).
 - 1. A Payment Authorization Stamp ("PA") is applied to all original invoices. The PA indicia is coded by staff as to the account and department to be charged.
 - 2. The PA indicia is initialed by the Department Manager and ~~Administrative Director~~ [Finance Manager](#) indicating approval for payment.
 - 3. Approved invoices are processed for payment and stamped "ENTERED" when entered as a payable to the QuickBooks accounting system.
- B. After payment is created the check stub and all corresponding documentation is stapled together and retained per the Record Retention Policy.

VIII. Accounts Payable Check Writing Procedures

BANKING ACCESS AND SECURITY	EFFECTIVE DATE
	JULY 30, 2018

- A. Accounts Payable Checks are processed on or about the 5th, 10th, and 25th of each month.
- B. Checks are written through the District's accounting software. The Administrative Director / CEO will designate staff with access to the check printing system.
- C. Checks are pre-numbered and recorded by the accounting system.
- D. Checks are not to be postdated or made out to "Cash."
- E. The "Payment Record" portion or check stub printed by QuickBooks is attached to the Authorized Invoice plus any other documentation (e.g., purchase order, shipping documents) and filed by alphabetical order of the vendor's name in the District's A/P vendor files.
- F. Voided or spoiled checks will be clearly marked VOID, filed in numerical order in a locked file cabinet maintained by the Accounting Manager, and disclosed as part of the monthly warrant report.

IX. Check Signing and Approval Process

This procedure is designed to ensure that all checks have adequate documentation and authorization and there are no missing checks or checks written to phantom vendors.

- A. The authorization stamp is reviewed for proper account coding, appropriateness of expenditure, and authorized signatures.
- B. The authorization stamp is compared with the invoice and the check amount. The copy of the check is initialed by the Accounting Manager to indicate the review has been completed and the documentation is in order.
- C. The batch of checks and Check Run Report is reviewed by signer (Administrative Director / CEO or Board member) in check number sequence to assure no checks are unaccounted.
- D. If there are no questions to be resolved, the Check Run Report and signed checks are returned to the Staff Accountant as authorization to mail or release the check to the vendor.
- E. Checks are mailed to vendors by the office staff unless specific arrangements had been made in advance for pickup of checks at the office. If a check is picked up, the person picking up the check must provide identification which agrees with the payee on the check or must have verifiable written authorization from the payee to pick up the check.

ELECTRONIC DEVICE REPLACEMENT POLICY	EFFECTIVE DATE
	JAN 13, 2021

REVIEW DATE: JUNE 28, 2021	REVISION DATE: JUNE 28, 2021
POLICY SOURCE:	

Purpose: To establish an IT-related equipment replacement and upgrade policy for the Del Puerto Health Care District in order to stay compliant with evolving technology requirements, reduce technical support issues, and improve employee's technical efficiency.

Policy: It is the District's policy to replace technology-related equipment as follows, based on the equipment's purchase date:

- Tablets and cellular phones will be replaced on a three-year cycle.
- Computers (workstations & laptops) will be replaced on a five-year cycle.
- Servers will be replaced on a five- to seven-year cycle.

Procedure: Guidelines and procedures are required to maintain a replacement cycle of District electronic equipment within the useful and expected lifetime of the equipment while preventing a proliferation of aging, obsolete, out-of-warranty, unsupported, and incompatible systems.

CYCLE OF REPLACEMENT

- Workstations, laptops, and servers that have been replaced and are no longer appropriate for continued District use will have their hard drives removed and destroyed. The remaining components will be recycled, disposed, or donated in accordance with established District Surplus Policy.
- Tablets and cellular phones will have their memories flashed and reset to factory default settings. The devices will then be recycled disposed or donated in accordance with established District Surplus Policy.
- [A list of IT equipment and assets shall be furnished to Accounting at the time of disposal for accurate recording. The list should include the asset tag number, serial number, location, and how disposed.](#)

SLIDING FEE DISCOUNT POLICY	EFFECTIVE DATE
	JULY 1, 2017

REVIEW DATE: JUNE 28, 2021	REVISION DATE: JUNE 28, 2021
POLICY SOURCE: Rural Health Clinic Best Practices	

PURPOSE: This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services. Patients who are “uninsured” are identified as “Bill Patient.” Since the Affordable Care Act of 2010, some patients find themselves with greater deductibles and/or share of cost (co-pays or co-insurances) that are financially prohibitive.

In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative’s role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

POLICY: DEL PUERTO HEALTH CARE DISTRICT (District) will offer a Sliding Fee to all who are unable to pay for their services. The District will base program eligibility on a person’s ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The sliding fee schedule, to determine eligibility, updates annually per the Federal Poverty Guidelines.

PROCEDURE: The Sliding Fee follows these guidelines:

1. **Notification:** The District will notify patients of the Sliding Fee by
 - a. Payment Policy Brochure is available to all uninsured patients at the time of service.
 - b. Offering every patient notification of the Sliding Fee upon registration.
 - c. Include the Sliding Fee application in collection notices sent out by the District.
 - d. Make available an explanation of our Sliding Fee and our application form on the District’s website.
 - e. Place notification of the District’s Sliding Fee in the waiting areas.
2. All patients seeking healthcare services at THE DISTRICT are assured that they **isare** served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee is available for clinic visits and ambulance transports. Information and forms can be obtained from the District Office [and the Health Center](#).
4. **Administration:** The District Office administers the Sliding Fee procedure and provides information, about the Sliding Fee policy and procedure, and assistance for completion of the application. Dignity and confidentiality is respected for all who seek and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal, and State programs.
6. **Completion of Application:** The patient/responsible party must complete the Sliding Fee application in its entirety. By signing the Sliding Fee application, persons authorize THE DISTRICT access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee

SLIDING FEE DISCOUNT POLICY	EFFECTIVE DATE
	JULY 1, 2017

application will result in all Sliding Fee discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, their application is re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee.

7. **Eligibility:** Discounts is based on income and family size only. THE DISTRICT uses the Census Bureau definitions of each.
 - a. Family defined: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
 - b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.
8. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T *Request for Transcript of Tax Return* (if W-2 not filed). Self-employed individuals are required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self- declaration of income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement is presented to DPHCD's Administrative Director or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients are responsible for 100% of their charges until the District determines the appropriate category.
9. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, is charged according to the attached sliding fee schedule. The sliding fee schedule is updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
10. **Nominal Fee:** ~~Ambulance-p~~Patients receiving a full discount are assessed a \$100 nominal charge per ambulance transport and \$30 per health clinic visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by the Administrative Director. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).

SLIDING FEE DISCOUNT POLICY	EFFECTIVE DATE
	JULY 1, 2017

12. **Applicant notification:** The Sliding Fee Determination is provided to the applicant(s) in writing, and will include the percentage of Sliding Fee write-off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with the District billing service. Sliding Fee applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period is the lesser of six months or the expiration of their last Sliding Fee application.
13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient is contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the Sliding Fee application is sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes Refusal to Pay. At this point in time, the District can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.
14. **Record keeping:** Information related to Sliding Fee decisions is maintained and preserved in a centralized confidential file located in the District Office, in an effort to preserve the dignity of those receiving free or discounted care.
 - a. Applicants that have been approved for the Sliding Fee is logged in a password protected document on a District shared directory, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The District Office will maintain an additional monthly log identifying Sliding Fee recipients and dollar amounts. Denials will also be logged.
15. **Policy and procedure review:** Annually, the amount of Sliding Fee provided is reviewed by the Administrative Director. The Sliding Fee Scale is updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
16. **Budget:** During the annual budget process, an estimated amount of Sliding Fee service is placed into the budget as a deduction from revenue. Board approval for Sliding Fee is sought as an integral part of the annual budget.

FORMS:

[2017-2021 Sliding Fee Schedule](#)

Patient Application for the Sliding Fee



2021 SLIDING FEE DISCOUNT PROGRAM

Financial Assistance Available

The Del Puerto Health Care District (DPHCD), which operates Patterson District Ambulance and Del Puerto Health Center recognizes medical care is costly and where ever possible we want to help the people we serve. Based on your family annual income DPHCD can provide a discount to your ambulance service charges, co-pay, and co-insurance.

Sliding Fee Discount

Discounts are determined by total household gross income and number of family members. Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Charges will be adjusted based on the current Federal Poverty Level scale according to number of people in your family and gross income. Please include all income as noted on the enclosed application.

2021 Federal Poverty Levels	100%	200%	300%	400%
1 in family	\$ 12,880	\$ 25,760	\$ 38,640	\$ 51,520
2	\$ 17,420	\$ 34,840	\$ 52,260	\$ 69,680
3	\$ 21,960	\$ 43,920	\$ 65,880	\$ 87,840
4	\$ 26,500	\$ 53,000	\$ 79,500	\$ 106,000
5	\$ 31,040	\$ 62,080	\$ 93,120	\$ 124,160
6	\$ 35,580	\$ 71,160	\$ 106,740	\$ 142,320
7	\$ 40,120	\$ 80,240	\$ 120,360	\$ 160,480
8 in family	\$ 44,660	\$ 89,320	\$ 133,980	\$ 178,640
<i>each additional person, add</i>	\$ 4,540	\$ 9,080	\$ 13,620	\$ 18,160
% of Federal Poverty Level	100%	200%	300%	400%

Based on your family size & gross income on the Federal Poverty Level scale, the following discounts are allowed on the patient balance, excluding Medi-Cal Share of Cost.

FPL Range	Ambulance Discount*	Health Center Discount Fee
100% or less of FPL	\$100 nominal fee	\$15 nominal fee \$30.00 per visit
101-200% of FPL	-90%	-80% \$45.00 per visit
201-300% of FPL	-75%	-60% \$60.00 per visit
301-400% of FPL	-60%	-40% \$75.00 per visit

Application Required

To help us determine if you qualify for assistance, please complete the attached Patient Financial Declaration and return with proof of income documents.

Discount Determination Letter

Within two weeks you will receive a *Sliding Fee Determination* letter that will explain your available discount and the new balance due. Your Determination letter is valid for both Health Center and Ambulance bills.

***Extra Prompt Pay Incentive (Ambulance Only)**

Additionally, a 30% Prompt Pay Incentive is available (deducted from your Sliding Fee Discounted total) when you pay your bill within 30 days of the date of the Determination letter. All ambulance patients can take advantage of the prompt pay discount.

If you have questions, please do not hesitate to contact us at (209) 892-8781 and ask for Sliding Fee Discount Program. We are available to assist you 8:00 AM to 5:00 PM Monday through Friday.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).



SLIDING FEE DISCOUNT APPLICATION & FINANCIAL DECLARATION

We offer the Sliding Fee Discounts to all income-eligible, uninsured, or underinsured patients based on annual Family income and size. The Sliding Fee Discount provides reduced or nominal costs on most services.

Eligibility. Patients who are unable to pay for all or part of the cost of medically necessary care, and who may have exhausted private and / or public medical coverage sources may be eligible for a Sliding Fee Discount. Prior to being considered for eligibility, patients are required to apply for public and/or private coverage, such as Medicare, Medi-Cal, for which they may be eligible. Patients shall be assisted, as needed, in determining linkage to these programs, and in applying for such coverage. Discounts cannot be applied to Medi-Cal Share of Cost.

How do I qualify? To qualify for the Sliding Fee Scale, patients must provide family income information. Gross family income will be verified by documented proof of income. Gross income is ALL income from ALL sources before taxes.

How do I get started? To begin the Sliding Fee Scale application process, simply complete this form and send it to the District Office. Patterson District Ambulance and Del Puerto Health Center accept all Medicare and Medicaid insurance plans, as well as most major insurances, but there may be a patient responsibility even after your insurance pays. Your discount is reverified each year.

No one will be denied access to services at Patterson District Ambulance or Del Puerto Health Center, as services are offered regardless of insurance status or ability to pay.

Please complete both sides of this form and fill in every blank with an answer. Please write "-0-" or "n/a" or "none" if a question does not apply. When completed, return the application along with your documented proof of income.

Family Information							
NAME OF HEAD OF FAMILY				BEST PHONE NUMBER			
RESIDENCE ADDRESS				CITY	STATE	ZIP	
MAILING ADDRESS				CITY	STATE	ZIP	
EMAIL				PLACE OF EMPLOYMENT			
Do you have health insurance? Yes No		If no, have you applied for health insurance? Yes No		If yes, who in Family is covered by your Health Insurance policy?			
Family Member Names	Relationship	Health Ins?	Date of Birth	Family Member Names	Relationship	Health Ins?	Date of Birth
1.SELF	Self	Yes No		5.DEPENDENT		Yes No	
2.SPOUSE	Spouse	Yes No		6.DEPENDENT		Yes No	
3.DEPENDENT		Yes No		7.DEPENDENT		Yes No	
4.DEPENDENT		Yes No		8.DEPENDENT		Yes No	
Annual Family Gross Income by Source				Self	Spouse	Other	Total
Gross wages, salaries, tips, etc. (information from pay check stubs, tax returns, Form W-2 or 1099)				\$	\$	\$	\$
Income from business, self-employment, and dependents (copy of tax returns)							
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income							
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the Family, and other miscellaneous sources							
Total Income				\$	\$	\$	\$

SLIDING SCALE DISCOUNT APPLICATION & FINANCIAL DECLARATION

_____ People in our family are:(check all that apply)

- | | |
|-------------------------------------------|---------------------|
| _____ Employed | _____ Unemployed |
| _____ Receiving Public Assistance | _____ Retired |
| (Ex: Unemployment, CalWORKs, SSI
etc) | _____ Self-Employed |

_____ Please attach income documentation for each family member' income. (check all that apply)

- | | |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ Two (2) current pay stubs | _____ Copy of benefit letter for Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income |
| _____ IRS Form W-2 or 1099 | |
| _____ Recent federal tax return | |

Questions: If you have any questions, please contact the District Office at 209-892-8781 and ask for Patient Financial Assistance or email admin@dphealth.org.

Applicant Financial Declaration:

- I hereby certify that the above information is, to the best of my knowledge, true and correct.
- I further agree to notify Patterson District Ambulance or Del Puerto Health Center of any changes in this information within ten (10) days of such change.
- I understand that I must re-qualify annually to maintain my eligibility. I am also aware that this information is reviewed and based upon Federal Poverty Guidelines, published annually by the Federal Government.
- I am supplying this information and request Patterson District Ambulance and Del Puerto Health Center waive a portion or all the remaining balance (Medicare or other insurance co-pay, co-insurance, or deductible amounts due) based on my financial situation.
- I agree to be responsible for any balance remaining after the application of any discount by Patterson District Ambulance or Del Puerto Health Center.
- I agree to pay my fees promptly, to maintain the discount.

Date: _____ Name (print): _____

Signature: _____

Return completed application to:

(Mail)
Del Puerto Health Care District
PO Box 187
Patterson, CA 95363

(Deliver in Person)
Patterson District Ambulance
875 E Street
Patterson, CA 95363

(Deliver in Person)
Del Puerto Health Center
1700 Keystone Pacific Pkwy, Ste B
Patterson, CA 95363

Office Use Only

Patient Name:	Date Approved:		
Approved Discount:	Approved by:		
Verify Documents Received	Yes	No	
Identification/Address: Driver's license, utility bill, employment ID, or other			
Income: Prior year tax return, three most recent pay stubs, or other			
Insurance: Insurance Cards			



SLIDING FEE SCALE PROGRAM

1. **No patient is denied services for inability to pay.**
2. You must apply for and be denied Medi-Cal and Covered California.
3. **To qualify for the Sliding Fee Scale (SFS) Discount Program**, you must bring your family's proof of income within 10 days.
 - a. **Proof of Income: 2-3 pay stubs, tax forms, a letter from employer, documents verifying amount of income from other sources, ex. Unemployment, SSI, alimony, child support etc.**
 - b. **If you do not have your proof of income at your first visit/appointment, you may estimate your family's current gross annual income but bring documentation to the health center within 10 days.**
4. If your proof of income is eligible, you will receive a discount for 12 months. Patients must re-apply for the sliding fee scale program after 12 months.
5. If you fail to bring us your proof of income within the specified date below, you may be charged the cost for your next visit. No patient is denied care for inability to pay.
6. **What is covered under the Sliding Fee Scale?**
 - a. **Medical Services only at DPHC**
 - b. **Ambulance Services provided by Patterson District Ambulance**
7. **What is not covered under Sliding Fee Scale (SFS) Discount Program for Medical Services?**
 - a. **Medications, Prescriptions, Labs, X-Rays or other imaging**
 - b. **Out of Scope Services (service not required or not in DPHC federal scope)**
8. **I understand that I need to bring in my Proof of Income by _____ to receive my Sliding Fee Scale Discount status.**



**SLIDING FEE DISCOUNT PROGRAM
AGREEMENT OF SERVICES AND YOUR FEE PER VISIT**

Patient: _____

MR#: _____

I, _____, (patient or patient representative) accept that as a patient of the Sliding Fee Discount Program at Del Puerto Health Center, I am responsible for \$_____ fee for any provider visit.

I understand that this fee is based on my household income and family size (see sliding Fee Discount Worksheet). My enrollment period is from _____ to _____.

Services that are covered include: Del Puerto Health Center services only.

Services that are not covered include: Imaging, Laboratory, and any outpatient specialty care services, and/or any hospital services.

***Please note:** *Del Puerto Health Center Sliding Fee Discount Program is neither a health insurance nor a county program. These physician services are limited and are only provided at the Del Puerto Health Center. You must apply for and may be able to qualify for Medi-Cal or Covered California.*

By signing below, I understand and agree to the terms of Del Puerto Health Center Sliding Fee Discount Program described above.

Patient Signature: _____ **Date:** _____
(Patient or Patient Representative)

Witness (Staff) Signature: _____ **Date:** _____



**SLIDING FEE DISCOUNT PROGRAM
ATTESTATION OF NO INCOME, NO DOCUMENTATION AVAILABLE**

Patient: _____ **MR#:** _____

I, _____, attest that my household's projected annual income for the current year in which I will receive Sliding Fee Discount is \$_____ per year.

- I acknowledge that the information provided on this form is only to be used for purposes of eligibility determination for the Sliding Fee Discount Program.
- I understand and agree to the term of Del Puerto Health Center payment policy described and I must notify DPHC of any changes in my family size or income.

I certify under penalty of perjury and by my signature that the information I have provided as required in this application is true and complete to the best of my knowledge and belief.

Patient Signature: _____ **Date:** _____
(Patient or Patient Representative?)

Witness (Staff) Signature: _____ **Date:** _____