



Patient's Money
Admin form for use of a patient's bank

NAME: **WARD:**

DATE OF ADMISSION: **PROPERTY RECEIPT NO**

Clients Signature:

Client's financial affairs to be managed by: (Delete whichever does not apply)

- 1. Relative
- 2. Humber NHS Foundation Trust

If client's affairs are to be managed by a relative:

Relative's Name:

Relationship to Client

Address:

.....

.....

If client's affairs are to be managed by Humber NHS Foundation Trust please complete the form overleaf.

Client is not considered capable of managing personal financial affairs.

Medical Officer (Signature): **Date:**

Name:

**Patient's Money
Use of Patient's Banking Facility**

NAME: **WARD**

DATE OF ADMISSION: **PROPERTY RECPT NO:**

Client's financial affairs to be managed by: (Delete whichever does not apply)

Relative Yes/No

If client's affairs are to be managed by a relative:

Relative's Name:

Relationship to client:

Address:

.....

Client is not considered capable of managing personal financial affairs.

Medical Officer (Signature) :..... **Date:**

I wish to handle my own financial affairs while in hospital Yes/No

I wish to have my affairs handled by Humber Mental Health Teaching NHS Trust Yes/No
(please complete form overleaf)

I wish to use the hospital banking facility Yes/No

I accept that, in my own interest, the following conditions apply:-

1. Withdrawals over £50 per day require Ward Manager's approval.
2. Where cash in excess of £100 is required, 4 days notice is required.
3. Cash in excess of £200 will not be issued by the cashier.
4. Humber NHS Foundation Trust will not accept responsibility or liability for patients' property brought into Trust premises, unless it is handed in for safe custody, and an official patients' property record is obtained as a receipt.

Usual Signature: **Date:**

1st Level Nurse (Signature):.....

Name:

Copy of form to Cashier's department as soon as possible, copy on client's notes.

1. Are you in receipt of any of the following benefits:

- (a) Sickness/Invalidity Benefit Yes/No
- (b) Retirement Pensions Yes/No
- (c) Unemployment Benefit Yes/No
- (d) Widows Benefit Yes/No
- (e) Severe Disablement Allowance Yes/No
- (f) Child Benefit Yes/No
- (g) Mobility Allowance Yes/No
- (h) Attendance Allowance Yes/No
- (i) Income Support Yes/No
- (j) Other Allowance (please specify Yes/No

2. If you are in receipt of State Benefit, could you please give the address of your local Benefit Office.

.....

3. Do you have any regular outgoings which you require to be paid from your income eg rent, insurance premiums, weekly instalments etc, please specify

.....

.....

4. I acknowledge that any property/money retained in my possession whilst in hospital is held at my own responsibility.

Signature:
Resident/Relative

Signature:
Nurse in Charge

Date:

If Humber NHS Foundation Trust is to handle your financial affairs, please give your pension book, rent card and relevant payments books etc, if appropriate, to Nurse in Charge, who will give you an official receipt.

**Patient's Money Cash Withdrawal Form
(Please complete before visiting Cashier's Dept)**

WARD: DATE:

The following patients who are capable of handling cash have requested the amounts listed below from their personal accounts:

Patient's Name	Client No	Amount	Patient's Signature

Date of Payment: Time:

Cash received by (Name)..... Signature:

Ward Manger's Name: Signature:

For Office use Only

Posted: Date: Reference:

Proxy Form

NAME:

WARD

I am unable to collect the money due to me because:

.....
.....

I shall be pleased if you will let:

(Name) (Signature)

collect it for me.

Amount requested £

Signature of patient to whom money is due Date:

Section to be completed in presence of cashier:

Signature of person to whom money is given

.....

(Must be the person nominated above)

Notice of Discharge

Client Ward:

Checklist

Property held for safe keeping		Yes/No
Property returned	Property Book Receipt No	Yes/No
Balance per Computer:	Date	£
Any other outstanding deductions		£
Available balance on discharge		£

Client Discharged on

after taking into account all the charges outstanding against the above patient the amount

remaining in safe custody is £

A cheque for this amount made payable to
.....

and the following document/Bank Books
.....

.....
.....

Should be forwarded to:
.....
.....

**Patient's Money Withdrawal Form
(purchases on account)**

I

Unit No

Ward

Date

Request the sum of £ (In words)

.....

from my account to purchase goods/services from

.....

Signed

If over £50 Ward Manager's signature

.....

To be completed by the Cashier

This client holds / does not hold sufficient funds to meet this request and also maintain his / her weekly expenditure

Signed **Cashier**

Goods purchased on Indent Number

Store

Indent issued to Signature

Goods ordered from (Store): Price £

Order number:

Official Orders/Indent must NOT be issued where sufficient funds are not available.

Original form to Cashier then copy to Stores/Supplies Department.

Patient's Money Cheque Request

WARD/UNIT

CLIENTS NAME

I hereby authorize the cashier to make a cheque payable to:

.....
Forward to

.....

.....

THE SUM OF

IN WORDS

.....

IN RESPECT OF

.....

OUT OF MONIES HELD ON MY BEHALF

SIGNED DATED

CONFIRMATION OF MEDICAL OFFICER

I certify that (insert name)

- 1. Understands the nature of this transaction
- 2. Does not understand

(Delete as appropriate)

Signed

**Worker's Award Sheet
County Unit Townend Court**

Week Commencing

Hospital Pocket and Workers Award Money

Patient Name	Mon	Tues	Wed	Thurs	Fri	Total

Total
.....

Authorised by Charge Nurse

Patient's Money Procedure in Relation to Patients' Banking System

As part of the clinical assessment, the patient's ability to manage his/her personal finances will be considered.

When a patient is admitted to the Unit staff should complete PATIENT ADMIN FORM PPM/1

This will make staff aware who is responsible for dealing with the clients affairs.

Patient admin form PPM/1 should be placed in client notes.

USE OF BANKING FACILITIES PPM/2 is a consent form to be completed on admission by the patient indicating the intention to use the patients' money service provided by the Unit.

It gives staff the opportunity to explain to clients that the Trust will not be held responsible for items not handed in for safe keeping. (Point out indemnity notices displayed on Unit) It also indicates whether the client wishes to use the Trusts banking facilities and helps staff to understand what benefits (if any) the client will be receiving and enable them to decide what action to take regarding any benefits.

BLOCK PROXY FORM PPM/3

This form should be used when several clients cannot leave the unit to collect their own money from the patient's money bank. The client name and amount must be completed and taken to the PPM bank to collect the money. The money should be handed to the client and he/she must sign the form. This safeguards staff and clients when all the relevant boxes are completed and signed and must be used for block collection of patients money.

PROXY FORM PPM/5

If staff only have a single client who cannot leave the unit to collect their money, this form can be used for a member of staff to collect the money on the patient's behalf. All sections must be completed and presented to the PPM Cashier.

GIRO/BENEFIT SCHEDULE PPM/4

When clients still have payment books from the benefits office and staff have to go to the post office to collect them, this form must be completed and handed in at the post office counter and stamped. Money can then be brought back and handed to the client, or paid straight onto a Gilbert Sheet.

DISCHARGE FORM PPM/6

Notice of a planned discharge should be sent to the finance department as soon as possible. This is to enable the accurate calculation of the balance due to the client, and if the balance is small, to have it paid over in cash before discharge. Where goods are returned by post, full details should be recorded and sent via registered post

PURCHASES FORM PPM/7

If a client wishes to purchase items from a store or via our supplies department this form should be completed and forwarded onto the finance department.

FUNDS TRANSFER PPM/8

If a client needs to have a special cheque made out to a supplier, relative or bank they should complete this form and forward to the finance department. The cheque usually takes up to 5 days to complete and can be forward straight onto the person indicated on the request form.

WORKERS AWARD PPM/9

If a client is not in receipt of benefits this form must be completed and forwarded to the finance department and the amounts will be recorded onto the patients account sheet.

As the Trust has some long term clients who are on benefits but have no means of accessing their money via the post office or their bank accounts, the Trust has a patients money account which clients can have their benefits paid into. This involves liaising with the Finance Department to set this up with the bank and the benefits office. If this method is needed please liaise with Sue Fewster on 01482 389296.