The County of San Bernardino
Department of Behavioral Health

Children’s Fund Immediate Need Voucher Procedure

Overview
The Department of Behavioral Health (DBH) staff may facilitate assistance to
minor and transitional age youth clients (ages 18 to 25) requesting vouchers
for children and youth with an immediate need in accordance with COM0315:  
Children’s Fund Policy and applicable County policies and procedures as
funds are available.

Purpose
To educate DBH staff on the procedure for the Fund Custodian, Issuer and
Void Supervisor once an emergency immediate need request for vouchers
has been requested by the applicable DBH staff.

Definitions/Job Description
The following table describes the roles and responsibilities of the DBH
Clinician/Case Manager, Fund Custodian, Fund Issuer and the Void
Supervisor:

<table>
<thead>
<tr>
<th>Step</th>
<th>Who</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fund Custodian</td>
<td>Using the voucher tracking log (CHD021), verify no member of the family unit has received voucher(s) in the current fiscal year (July 1 – June 30)</td>
</tr>
</tbody>
</table>
| 2    | Clinician/Case Manager  | With the client:  
  - Identify immediate need  
  - Determine client eligibility by gathering necessary documentation to prove all the following factors exist:  
    - Disposable income does not exceed $200 per family of 1-4 or $300 per family of 5 or more  
    - Able to demonstrate sustainability after receiving requested items  
    - Total outgoing bills do not exceed monthly income by $150 on an ongoing basis  
  - Explains Children’s Fund immediate need voucher process as follows:  
    - A voucher can be given only once per year  
    - Timelines for receipt of voucher  
    - Vendor interaction; and other information as applicable |

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| 3    | Clinician/Case Manager | • Complete and obtain approval on the Authorization of Issuance of Immediate Need (DBH 712) form.  
• Complete and obtain client or parent/guardian signature on the Authorization to Release Protected health Information for Immediate Need Voucher (English) (Spanish) |
| 4    | Fund Custodian       | Complete the immediate need voucher triplicate NCR form (Vendor Service Voucher – HS 278) per the HS 278 template instructions.             |
| 5    | Clinician/Issuer     | • Obtain client signature on the immediate need voucher (HS 278) acknowledging receipt (top section)  
• Verify all forms are complete and signed |
| 6    | Fund Custodian       | Make two (2) copies of the completed:  
• Immediate need voucher (HS 278)  
• Authorization for Issuance of Immediate Need Voucher (DBH 712) form |
| 7    | Clinician/Issuer     | • Provide client with White and Canary pages of the immediate need voucher (HS 278)  
• Retain the Pink page of immediate need voucher (HS 278) |
| 8    | Fund Custodian       | • Send original Pink page of immediate need voucher (HS 278) and original Authorization for Issuance of Immediate Need Voucher (DBH 712) form daily to the following department:  
  HS Auditing MC 0914 Attn: Voucher Desk  
• Send a copy to:  
  DBH Fiscal – Mail Code 0026  
  303 E. Vanderbilt Way  
  San Bernardino, CA 92415  
  Attn: Account Receivables  
• Maintain copies of the immediate need voucher (HS 278) and the Authorization for Issuance of Immediate Need Voucher (DBH 712) in the:  
  o Client case file  
  o Site location |
| 9    | Fund Custodian       | Maintain the Children’s Fund Voucher Log (HS 715) and shared DBH Voucher tracking log CHD021 located in the DBH Special Projects shared drive. |
The County of San Bernardino  
Department of Behavioral Health  
Children’s Fund Immediate Need Voucher Procedure, Continued

Voucher Storage and Record Keeping

It is the expectation and requirement that all immediate need vouchers be stored in a locked drawer, compartment, or safe if available; and treated as a paid negotiable. At no time should immediate need vouchers be pre-signed prior to the identification of a client need.

All immediate need voucher requests will be logged and tracked on the Children’s Fund Voucher spreadsheet (CHD021) which is stored in the DBH special projects shared drive accessible by staff issuing immediate need vouchers. Each member of the household family should be noted on the voucher log; regardless if they actually received a voucher. This is to ensure all transactions are accounted for and to avoid duplication of request. The child and clients name should be entered with each corresponding voucher. Voucher requests must be logged on the same day the vouchers are issued. The following steps are to be completed at month end:

<table>
<thead>
<tr>
<th>Step</th>
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<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fund Custodian</td>
<td>Review Children’s Fund Voucher Log (HS 715)</td>
</tr>
</tbody>
</table>
| 2    | Fund Custodian and Void Supervisor | Complete reconciliation of the Voucher Log as follows:  
  • Count the number of vouchers (HS 378) on hand and record the inventory on the bottom of the HS 715 voucher log  
  • Research and resolve any differences between the immediate need vouchers and the HS 715 voucher log  
  • Document all shortages immediately  
  NOTE: Refer all shortages immediately to the Supervising Fiscal Specialist in DBH Fiscal Unit |
| 3    | Fund Custodian and Void Supervisor | Submit the Voucher Log to the Program Manager for review and signature |
| 4    | Fund Custodian             | Submit original HS 715 voucher log for the immediate need vouchers to:  
  DBH Fiscal – Mail Code 0026  
  303 E. Vanderbilt Way  
  San Bernardino, CA 92415  
  Attn: Accounts Payable,  
  By the third (3rd) business day of the following month. Maintain a copy of the HS 715 voucher log |

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Since vouchers are unable to be altered once written, any mistakes will be cause to void a voucher and start anew. It will be the responsibility of the Fund Custodian to obtain Void Supervisor’s approval prior to voiding a voucher. The vouchers must be voided by the Void Supervisor of the applicable unit. Once approval is obtained, the Void Supervisor will:

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<tbody>
<tr>
<td>1</td>
<td>Write “VOID” on all three pages of the voucher.</td>
</tr>
<tr>
<td>2</td>
<td>Obtain supervisor’s initials on the voided voucher.</td>
</tr>
<tr>
<td>3</td>
<td>Record voided voucher on the HS 715 voucher log as follows:</td>
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<tr>
<td></td>
<td>• If not logged – enter the date; write “VOID” in the Case Name/Case Number lines; enter “1” issued and the voided vouchers serial number; deduct from balance.</td>
</tr>
<tr>
<td></td>
<td>• If logged – line through entry; write “VOID” adjacent to the Case Name/Case Number lines.</td>
</tr>
<tr>
<td>4</td>
<td>Required Signatures: Issuance clerk signs in the ‘Requested by’ line; Supervisor signs in ‘Issued/Received by’ line.</td>
</tr>
<tr>
<td>5</td>
<td>Conduct a weekly audit of all vouchers that have been voided.</td>
</tr>
<tr>
<td>6</td>
<td>Maintain voided voucher with other stock until the end of the month reconciliation.</td>
</tr>
</tbody>
</table>

Questions

Staff issuing Children’s Fund immediate need vouchers may contact DBH Fiscal Office (909) 388-0836 for questions concerning DBH Policy or Procedure.

Related Documents

County Auditor/Controller-Recorder (ACR):  
- Internal Controls and Cash Manual

DBH Standard Practice Manual  
- BOP3030: Prepaid Cards Policy  
- BOP3030-1: Prepaid Cards Procedure  
- CHD3015: Children’s Fund Immediate Need Voucher Policy
County of San Bernardino - Human Services

**VENDOR SERVICE VOUCHER**

<table>
<thead>
<tr>
<th>DATE</th>
<th>Voucher No.</th>
<th>AMOUNT</th>
<th>ITEM</th>
<th>AMOUNT</th>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**VOUCHER DATE**: 7 days from date of issue

**MAXIMUM AMOUNT PAYABLE**: $ Approved amount on the DBH 712

**NO ALCOHOLIC BEVERAGES, CIGARETTES, TOBACCO, CANDY, GUM, OR SODA ALLOWED**

**CUSTOMER CERTIFICATION**:

**RECEIPT OF THE ABOVE ITEM(S) IS HEREBY ACKNOWLEDGED**

**CUSTOMER SIGNATURE**

**DATE OF RECEIPT**

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**VENDOR CERTIFICATION**:

**REFUNDS** of rent and utility deposits paid by VENDOR SERVICE VOUCHER must be made payable to San Bernardino County - HS Auditing Division. See complete instructions on reverse.

**VENDOR**

The County of San Bernardino will reimburse you for the amount due - up to the **MAXIMUM AMOUNT PAYABLE** shown above - provided that you comply with and complete/sign Vendor Certification. The Customer named above must also sign Customer Certification to acknowledge receipt of requested service or item(s). SEE INSTRUCTIONS ON REVERSE.

I certify that the item(s) listed has been delivered/provided to the above-named person and that the amount due is the full value of the item(s) delivered or provided and that payment therefore has not been received. I further certify that I have not given any cash, alcoholic beverages, cigarettes, tobacco, gum, or soda on this Vendor Service Voucher.

**AMOUNT DUE**: $  

**Check if remittance address is different than above and complete**: 

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**VENDOR MUST REDEEM VOUCHER WITHIN 3 MONTHS - NOT TRANSFERABLE**

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**HUMAN SERVICES USE ONLY**

**APPROVED FOR PAYMENT**: $  

**ENTER CODE**:  

**X**

**Authorized Signature - HS Auditing**

**Date**

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**FINAL DISTRIBUTION**: White - HS Auditing  Canary - Vendor  Pink - HS Auditing
INSTRUCTIONS

1. This Vendor Service Voucher is not transferable and must be presented to the Vendor within seven (7) days from the date issued.

2. Vendor will not advance any cash on this Vendor Service Voucher nor deliver any alcoholic beverages, cigarettes, tobacco, candy, confections, gum, soda, or anything not listed on the face of this Vendor Service Voucher to the Customer.

3. Vendor must have Customer sign the Customer Certification to acknowledge receipt of the service or item(s) rendered on this Vendor Service Voucher. The signature of the Customer's spouse or other family member is not acceptable.

4. To redeem this Vendor Service Voucher: On completion of the rental period or delivery of the item(s) listed, Vendor must enter the amount due and complete the Vendor Certification. Forward the ORIGINAL copy of the Vendor Service Voucher to:

San Bernardino County
HS Auditing Division
825 East Hospitality Lane, First Floor
San Bernardino, CA 92415-0914

Retain VENDOR copy for your records. You will receive payment in approximately ten (10) days. Note: To avoid delays in receiving payment, verify that VENDOR REMITTANCE ADDRESS is complete and correct.

5. Vendor must redeem this Vendor Service Voucher within 3 MONTHS from the issuance date.

6. REFUNDS of rent and utility deposits paid by Vendor Service Voucher must include VOUCHER NO. and CUSTOMER NAME and be made payable to:

San Bernardino County
HS Auditing Division
825 East Hospitality Lane, First Floor
San Bernardino, CA 92415-0914

7. Landlord: For temporary housing, the face of this Vendor Service Voucher shows the period for which we will pay rent for the customer named.

8. Vendors, protect your rights. Failure to follow these instructions and the conditions of this Vendor Service Voucher may cause the Vendor Service Voucher to be voided and you may forfeit your claim for payment.

NOT TRANSFERABLE