

**The County of San Bernardino  
Department of Behavioral Health**

**Children’s Fund Immediate Need Voucher Procedure**

**Effective Date** 05/02/2011  
**Revision Date** 12/18/2014

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**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:

Step	Who	Responsibility
1	Fund Custodian	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)
2	Clinician/Case Manager	With the client: <ul style="list-style-type: none"> <li>• Identify immediate need</li> <li>• Determine client eligibility by gathering necessary documentation to prove all the following factors exist:               <ul style="list-style-type: none"> <li>– Disposable income does not exceed \$200 per family of 1-4 or \$300 per family of 5 or more</li> <li>– Able to demonstrate sustainability after receiving requested items</li> <li>– Total outgoing bills do not exceed monthly income by \$150 on an ongoing basis</li> </ul> </li> <li>• Explains Children’s Fund immediate need voucher process as follows:               <ul style="list-style-type: none"> <li>– A voucher can be given only once per year</li> <li>– Timelines for receipt of voucher</li> <li>– Vendor interaction; and other information as applicable</li> </ul> </li> </ul>

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**The County of San Bernardino  
Department of Behavioral Health**

**Children’s Fund Immediate Need Voucher Procedure, Continued**

Definitions/Job Description, continued

Step	Who	Responsibility
3	Clinician/ Case Manager	<ul style="list-style-type: none"> <li>• Complete and obtain approval on the Authorization of Issuance of Immediate Need (<a href="#">DBH 712</a>) form.</li> <li>• Complete and obtain client or parent/guardian signature on the Authorization to Release Protected health Information for Immediate Need Voucher (<a href="#">English</a>) (<a href="#">Spanish</a>)</li> </ul>
4	Fund Custodian	Complete the immediate need voucher triplicate NCR form (Vendor Service Voucher – HS 278) per the <a href="#">HS 278 template</a> instructions.
5	Clinician/ Issuer	<ul style="list-style-type: none"> <li>• Obtain client signature on the immediate need voucher (HS 278) acknowledging receipt (top section)</li> <li>• Verify all forms are complete and signed</li> </ul>
6	Fund Custodian	Make two (2) copies of the completed: <ul style="list-style-type: none"> <li>• Immediate need voucher (HS 278)</li> <li>• Authorization for Issuance of Immediate Need Voucher (<a href="#">DBH 712</a>) form</li> </ul>
7	Clinician/ Issuer	<ul style="list-style-type: none"> <li>• Provide client with White and Canary pages of the immediate need voucher (HS 278)</li> <li>• Retain the Pink page of immediate need voucher (HS 278)</li> </ul>
8	Fund Custodian	<ul style="list-style-type: none"> <li>• Send original Pink page of immediate need voucher (HS 278) and original Authorization for Issuance of Immediate Need Voucher (<a href="#">DBH 712</a>) form <b>daily</b> to the following department: HS Auditing MC 0914 Attn: Voucher Desk</li> <li>• Send a copy to: DBH Fiscal – Mail Code 0026 303 E. Vanderbilt Way San Bernardino, CA 92415 Attn: Account Receivables</li> <li>• Maintain copies of the immediate need voucher (HS 278) and the Authorization for Issuance of Immediate Need Voucher (<a href="#">DBH 712</a>) in the: <ul style="list-style-type: none"> <li>○ Client case file</li> <li>○ Site location</li> </ul> </li> </ul>
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.

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**The County of San Bernardino  
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**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:

Step	Who	Action
1	Fund Custodian	Review Children’s Fund Voucher Log (HS 715)
2	Fund Custodian and Void Supervisor	Complete reconciliation of the Voucher Log as follows: <ul style="list-style-type: none"> <li>• Count the number of vouchers (HS 378) on hand and record the inventory on the bottom of the HS 715 voucher log</li> <li>• Research and resolve any differences between the immediate need vouchers and the HS 715 voucher log</li> <li>• Document all shortages immediately</li> </ul> <p><b>NOTE:</b> Refer all shortages immediately to the Supervising Fiscal Specialist in DBH Fiscal Unit</p>
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 (3 <sup>rd</sup> ) business day of the following month. Maintain a copy of the HS 715 voucher log

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**The County of San Bernardino  
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**Children’s Fund Immediate Need Voucher Procedure**, Continued

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**Voiding  
Vouchers**

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:

Step	Action
1	Write “VOID” on <b>all three</b> pages of the voucher.
2	Obtain supervisor’s initials on the voided voucher.
3	Record voided voucher on the HS 715 voucher log as follows: <ul style="list-style-type: none"><li>• <b>If not logged</b> – enter the date; write “VOID” in the Case Name/Case Number lines; enter “1” issued and the voided vouchers serial number; deduct from balance.</li><li>• <b>If logged</b> – line through entry; write “VOID” adjacent to the Case Name/Case Number lines.</li></ul>
4	Required Signatures: Issuance clerk signs in the ‘Requested by’ line; Supervisor signs in ‘Issued/Received by’ line.
5	Conduct a weekly audit of all vouchers that have been voided.
6	Maintain voided voucher with other stock until the end of the month reconciliation.

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**Questions**

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

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**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](#)
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# VENDOR SERVICE VOUCHER

SRVC ARRGMT  712 or 711  OTHER

Enter an "X" here

DATE	AID CODE	CASE NUMBER	SVC MO/YR
Date request form completed		Leave Blank	
CUSTOMER/PARTICIPANT NAME (FIRST, MI, LAST)	EMP/WORKER ID NO.	CONTACT PH #	
VENDOR NAME	AUTHORIZED SIGNATURE, ISSUANCE CLERK	DATE	
VENDOR ADDRESS	X Signature and date of person who issued the voucher		
CITY	PRINTED NAME	PH#	
STATE	ZIP CODE	CUSTOMER ACKNOWLEDGMENT OF RECEIPT OF VOUCHER	DATE
		X Client or Parent/Guardian	Date of Receipt
COUNTY	CUSTOMER MUST PRESENT TO VENDOR BEFORE	VOID 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 ◀			
	ITEM	AMOUNT	ITEM
	Rent Dates from: / / through: / /	\$	4.
	Utility Acct #	\$	5.
1.	List the items and the amounts that were approved on the DBH 712. Totals may not be more than the approved amount. Include taxes, Fees etc in the total amount.	\$	6.
2.		\$	7.
3.		\$	8.
			TOTAL AMOUNT ▶ \$
SPECIAL INSTRUCTIONS / ADDITIONAL INFORMATION: (e.g., delivery address, rental property address, etc.):			

CUSTOMER	<b>CUSTOMER CERTIFICATION:</b>
RECEIPT OF THE ABOVE ITEM(S) IS HEREBY ACKNOWLEDGED	X Client or Parent /Guardian Name
	DATE Date of Receipt
	CUSTOMER SIGNATURE

VENDOR	<b>VENDOR CERTIFICATION:</b>
	<i>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.</i>
	<b>VENDOR:</b> The County of San Bernardino will reimburse you for the amount due - up to the <b>MAXIMUM AMOUNT PAYABLE</b> 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 <b>not given any cash, alcoholic beverages, cigarettes, tobacco, gum, or soda on this Vendor Service Voucher.</b>
	AMOUNT DUE \$
	<input type="checkbox"/> Check if remittance address is different than above and complete:
VENDOR NAME	VENDOR REMITTANCE ADDRESS
VENDOR SIGNATURE	CITY
DATE	STATE
PRINTED NAME OF VENDOR REPRESENTATIVE	ZIP CODE
<b>VENDOR MUST REDEEM VOUCHER WITHIN 3 MONTHS - NOT TRANSFERABLE</b>	

<b>HUMAN SERVICES USE ONLY</b>	
APPROVED FOR PAYMENT:	ENTER CODE:
\$	
X	
Authorized Signature - HS Auditing	Date

*(BACK OF VOUCHER)*

## 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**