

Virginia Department of Social Services  
**AUXILIARY GRANT CERTIFICATION**

<b>REPORTING PERIOD</b>		July 1, 2007 to June 30, 2008	
<b>1. Facility Information</b>			
Facility Name			
Address			
City	State	Zip	
Telephone Number			
City or County			
Mailing address (if different)			
City	State	Zip	
<b>2. Resident / Bed Information</b>			
2.a. Total Licensed Beds			
2.b. Average monthly resident census (all residents)			
2.c. Average monthly AG residents census*			
*Please complete the attached AG Resident Reconciliation Form			
<b>3. Personal Needs Allowance (PNA) Accounting</b>			
<b>A. Complete section below if facility manages PNA for all or some of the AG residents</b>			
Number of AG residents for which the Facility maintains a personal needs allowance account	# at Beginning of Reporting Period	# at End of Reporting Period	
<i>Please answer <u>yes</u> or <u>no</u> to the following questions:</i>			
If the ALF manages residents' personal funds, written permission to do so has been granted by the residents. <a href="#">22VAC40-72-150</a> , <a href="#">63.2-1808</a>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the ALF holds personal funds for safekeeping on behalf of the resident, a written accounting showing funds received and disbursed, and a current balance, is maintained. <a href="#">22VAC40-72-150</a>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PNA funds are kept separate and apart from other ALF funds. <a href="#">22VAC40-25-45</a>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PNA funds have been maintained in accordance with <a href="#">22VAC40-25-40</a>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B. Answer the following question if the ALF does <u>not</u> maintain PNA for any residents:</b>			
This facility has a written policy prohibiting the ALF from managing personal funds for any AG resident. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Certification</b>			
I certify that the information submitted with this report is true and complete. If the ALF manages the personal fund of the residents, I certify that procedures are in place for the proper handling of and accounting for residents' Auxiliary Grant payments and personal needs allowances in accordance with the Code of Virginia §63.2-1808 and with Auxiliary Grant regulations 22 VAC 40-25 and Licensing regulations <a href="#">22VAC40-72-140</a> , 22 VAC 40-72-150 and <a href="#">22VAC40-72-550</a> .			
Signature		Title	Date
Print Name		Telephone Number	
ALF provider/administrator email address:			
Name of Facility			
REPORTING PERIOD	July 1, 2007 to June 30, 2008		

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**AUXILIARY GRANT RECIPIENTS RECONCILIATION FORM**  
**Reporting Period: July 1, 2007 to June 30, 2008**

	Name of resident	Birth date	Admission Date	Discharge Date	Reason for Discharge
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

(Please use additional copies if needed)

**Virginia Department of Social Services**  
**AUXILIARY GRANT CERTIFICATION**  
**Instructions for completing Auxiliary Grant Certification**

1. Enter Facility Information.
  2. Resident/Bed Information
    - 2.a. Enter total number of beds for which facility is licensed.
    - 2.b. Determine the number of ALF residents for each month of the reporting period. Add the total for each month to determine the total number of residents for the reporting period. Divide this number by 12. This number is the average monthly resident census.
    - 2.c. Determine the number of residents that received AG for each month of the reporting period. Add the total for each month to determine the total number of residents that received AG for the reporting period. Divide this number by 12. This number is the average monthly AG resident census.
- List all AG residents on page 2, entitled **Auxiliary Grant Recipients Reconciliation Form**. Include all AG residents who lived in the facility during the reporting period, even if they were admitted to the facility prior to the reporting period. If the resident is still living at the facility during the reporting period, enter NA in the “discharge date box” and the “reason for discharge” box.
3. Answer section A or B. Answer questions in section A if the ALF maintains PNA accounts for AG residents. Answer the question in section B if the ALF does not maintain PNA accounts for any AG residents.
  4. Read the certification and print and sign name and date form. Provide title, telephone number and email address (if applicable).