RESOLUTION NO. 110

A RESOLUTION OF THE BOARD OF SUPERVISORS OF YAVAPAI COUNTY, STATE OF ARIZONA, a body politic.

WHEREAS, the Board of Supervisors approved on the 1st day of August, 1964, a formal MEDICAL RELIEF AND AID POLICY, setting forth the requirements and eligibility for hospitalization, medical care and out-patient relief to be supplied by the County of Yavapai; and,

WHEREAS, it appears to the Board of Supervisors of Yavapai County that said policy should be amended, and that said amendments are necessary for the health, safety and welfare of the County;

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

2. The policy of the YAVAPAI COUNTY MEDICAL RELIEF AND AID is further amended by adding thereto RECOMMENDATION NO. 3:

RECOMMENDATION NO. 3

Prior to receiving any medical relief and aid, and/or hospitalization at the expense of Yavapai County, a recipient shall be required to sign the following form:

CERTIFICATION OF PATIENT AND AUTHORIZATION FOR FINANCIAL INVESTIGATION:

"I/WE,_____
hereby apply for Medical relief and aid, and/or Hospitalization at the expense of Yavapai County, for myself and persons dependent upon me for my support, as given above and living with me. I, the said applicant, further hereby expressly authorize the County of Yavapai by its duly authorized officers, servants and agents to hold and keep any and all items of personal property, including cash and checks which I may have in my possession at any time or which said County may have in its custody in satisfaction of any obligation I may have on account of the aforesaid treatment and/or hospitalization, and have authorized the same persons, for the purpose of satisfying the same obligations, to hold, receive, obtain, withdraw, deduct and withhold from any of my own funds, pensions, or assistance grants received by me while in the care of Yavapai County. This authorization shall remain in full force and effect for and during the entire time I remain under said care in any hospital or in any rest or nursing home or similar institution used by the County of Yavapai.

Permission is hereby granted to examine bank accounts, contact employers and make the investigations as necessary. I/WE agree to notify Yavapai County, through its authorized officers or agents, in the event that there is any change in the above conditions, and especially as to employment of myself and/or any other member of my family, or assistance from any source whatsoever, financial or otherwise. I/WE specifically authorize any physician to provide the above mentioned organization or its accredited agents with a written diagnosis of my physical condition, or that of any member of my family at any time. Also, I agree that in case I receive any money, property or other things of value, or in case my estate or personal representative receives such money, property or things of value in the future, that the value of all medical treatment, services and other expenses provided for my by Yavapai County or its agencies shall be paid out of and be a charge against said assets. I am unable to provide myself and my dependents with the full cost of private medical care and hospitalization. Furthermore, that I have been a resident of Yavapai County for the past _____months

I hereby authorize the County of Yavapai and the agents and employees of the aforegoing to inspect and obtain copies of any Federal or State income tax returns I have filed during the previous five (5) years from date of this application, to ascertain from any banking or financial institution any and all information it may have about me or any of my accounts past or present, with it. to ascertain from any of my employers, past or present, the nature of my employment or any information concerning said employment, and to ascertain from all others, persons and institutions, any and all information said person or institution may have about me.

Any person who for the purpose of obtaining for myself such hospitalization or medical care shall file a false or untrue statement with the Board of Supervisors or their representative, shall be guilty of a MISDEMEANOR and shall be prosecuted accordingly. I/WE hereby acknowledge that I/WE have read the foregoing statement and do hereby certify that the statements herein are true.

DATED this ____day of _____, 19____.

_____
APPLICANT

_____
INTERVIEWER'S SIGNATURE

_____
TIME

*

PASSED AND ADOPTED by the BOARD OF SUPERVISORS of Yavapai County, Arizona, this 21st day of June, 1965.

THE BOARD OF SUPERVISORS OF YAVAPAI COUNTY
STATE OF ARIZONA,

by W. E. Rohrer
Chairman

ATTEST:

Lucile Johnson
CLERK of the Board of Supervisors

PRESCOTT
ARIZONA
YAVAPAI COUNTY