



3 West Road | Virks Building | Cranston, RI 02920

CY 2022 RESIDENTS' PERSONAL NEEDS FUNDS CERTIFICATION

I, _____,
(Please Print) First Name, Last Name

Administrator of _____ Facility Lic # _____
(Please Print) Name of Facility

hereby certify that resident personal needs funds are being handled at this facility in accordance with [210-RICR-50-05-2](#), "Uniform Accountability Procedures for Title XIX Resident Personal Needs Funds in Community Nursing Facilities and ICF-DD Facilities, and Assisted Living Residences."

Administrator Signature

Date

Submit this signed certification via email to OHHS.MedicaidFinance@ohhs.ri.gov by May 31, 2023.