County of San Bernardino
Department of Behavioral Health

INFORMATION NOTICE NO.07-05

DATE: 12/10/07

TO: DBH Staff
Contract Agency

FROM: Allan Rawland, Director

SUBJECT: **Incentive Cards Procedure and Controls**

Change

Effective immediately, the Department of Behavioral Health (DBH) has developed a procedure and control for the purchase, use and control of Incentive Cards issued through the Department.

Authorization

Incentive Cards will be used *only* as stipends for the consumer, family members and/or indigenous outreach workers to participate in planning activities. The planning activities consist of the following:

- Facilitating or co-facilitating focus groups
- Attending trainings
- Recruiting consumers/family members and other stakeholder participants
- Implementing outreach activities which will facilitate stakeholder input
- Assisting with coordination

Prohibition

Incentive Cards **will not** be used by DBH staff for business purposes (such as buying office supplies), or any other purpose. Incentive Cards are also prohibited under the following circumstances:

- To purchase alcohol, drugs or tobacco products
- To circumvent County Policy and/or DBH Policy, particularly in regard to procurement
- To circumvent any federal or state law, particularly in regard to the payment of wages
- As a prize, even if the prize is part of a planned activity
- As compensation for hours worked

County of San Bernardino
Department of Behavioral Health

Distribution To Participants

All Incentive Cards issued to the participant will be recorded by completing the **Incentive Cards - Distribution to Participants** form. The form requires the following information:

- Name of the Store
- Incentive Card number
- Amount of the Incentive Card
- Signature of the participant

Log

All Incentive Cards purchased and distributed to participants will be documented on the **Incentive Cards – Log** form. The cards that have not been issued must be kept in a secure location and access must be restricted to the person assigned to issue cards along with an alternate. The information on the Incentive Cards – Log form must match the actual information on the Incentive Card. All information will be used for asset control and audit purposes.

The Incentive Cards – Log form must include the following information:

- Card/Certificate number
- Name of the Store
- Dollar value of card
- Date card was purchased
- Name of person or organization card issued to
- Date card was issued
- Reason card issued
- Amount issued
- Balance remaining

If...	Then...
The denomination of the card is not pre-printed on the card	The card must be marked to show the denomination with a "black permanent marker pen"
Do not rely on marking the denomination on the gift card holder as a means of identifying the denomination of the card.	

Important: All Incentive Cards are to be treated the same as cash and must be handled carefully.

Inventory

A weekly inventory will be conducted on cards that have not been issued. Two individuals will be required to complete the Incentive Cards – Inventory form when conducting the inventory. The inventory must be submitted to the appropriate person monthly. The responsibility of each person conducting the inventory consists of the following:

- One individual will verify the total value of the inventory of the Incentive cards on hand against the Incentive Cards - Log balance
- One individual will observe the process
- Both individuals will sign the inventory count

Note: The total value of Incentive Cards on hand must be the same as the balance on the Log, as of the date of the inventory.

Submission of Reports

At the end of each month, the Incentive Cards – Inventory form will be completed. After the month end inventory has been completed and balanced, the Log along with the Inventory form must be electronically submitted, by the seventh (7th) working day following the end of the month, to the DBH Admin. / Fiscal Services unit. Please call 909-382-3011 for the appropriate email address.

If the month end inventory does not balance to the log, you must contact Admin. / Fiscal Services unit at 909-382-3011. Any discrepancies must be reported within one (1) business day of discovery.

Retention Period of Forms

The signed Incentive Cards – Distribution to Participants forms must be maintained by the originating program along with a print out of the corresponding month end Incentive Cards – Inventory and Incentive Cards – Log. These forms must be kept on hand for a period of three (3) fiscal years before being moved into storage.

Audit

The Incentive Cards are subject to a random audit by the Department of Behavioral Health Administration, Internal Audits Unit, or designee.

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County of San Bernardino - Department of Behavioral Health

INCENTIVE CARDS - LOG

Cost Center: 0000 **Cost Center Name:** XYZ CLINIC

Log #	Card / Certificate #	Type of Card (Store Name)	Dollar Value of Card	Date Purchased	Name of person or organization card issued to:	Date Issued	Reason Card Issued:	Amount Issued	Balance
1	555924PDSW	Target	$ 10.00	9/12/07	John Doe	9/21/07	Clothing	$ 10.00	$ -
2	555925PDSW	Target	$ 10.00	9/12/07					$ 10.00
3	555926PDSW	Target	$ 10.00	9/12/07					$ 20.00
4	222389CKLM	Gas Card	$ 10.00	9/14/07	Jane Doe	9/24/07	Incentive - work on flyers	$ 10.00	$ 20.00
5	222390CKLM	Gas Card	$ 10.00	9/14/07					$ 30.00
6									
7									
8									
9									
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SAMPLE

INCENTIVE CARDS
DISTRIBUTION TO PARTICIPANTS

Cost Center: _____ Cost Center Name: _____

Name of Participant: _____ Date: _____

Check One:

1. ☐ Workgroup Age Specific _____ Meeting Date: _____
2. ☐ Community Focus Group Group# _____ Date: _____
3. ☐ Outreach* Geographical Area: _____Location: _____ Date: _____
4. ☐ Training*

* As approved by the DBH Mental Health Education Consultant or designee

Remarks:

_____

Name of Store	Incentive Card #	Amount of Incentive Card
		$
		$
		$
		$
	TOTAL AMOUNT OF INCENTIVE CARDS ISSUED:	$

I acknowledge receipt of the Incentive Cards listed above, on this date, and I understand and agree that the Incentive Cards are not to be used to purchase alcohol, drugs or tobacco products:

Date: _____

Signed: _____

Print Name: _____

Office Use Only – Do Not Write Below This Line
DBH VERIFICATION OBTAINED ON (DATE) _____ **BY AUTHORIZING STAFF** _____

Supervisors Signature: _____

County of San Bernardino, Department of Behavioral Health

INCENTIVE CARDS - INVENTORY

Cost Center: 0000 **XYZ CLINIC**
(Name of Cost Center)

(Name of Store)

Denominations		# of Cards		Total
$10	X	10	=	$ 100
$20	X	5	=	$ 100
$30	X		=	$ -
$40	X		=	$ -
$50	X		=	$ -
				$ 200 Total

(Name of Store)

Denominations		# of Cards		Total
$10	X	5	=	$ 50
$20	X	3	=	$ 60
$30	X		=	$ -
$40	X		=	$ -
$50	X		=	$ -
				$ 110 Total

SAMPLE

(Name of Store)

Denominations		# of Cards		Total
$10	X	10	=	$ 100
$20	X		=	$ -
$30	X	2	=	$ 60
$40	X		=	$ -
$50	X		=	$ -
				$ 160 Total

(Name of Store)

Denominations		# of Cards		Total
$10	X	5	=	$ 50
$20	X		=	$ -
$30	X	2	=	$ 60
$40	X		=	$ -
$50	X		=	$ -
				$ 110 Total

(Name of Store)

Denominations		# of Cards		Total
$10	X	10	=	$ 100
$20	X		=	$ -
$30	X		=	$ -
$40	X		=	$ -
$50	X	1	=	$ 50
				$ 150 Total

$ 730 Total Value of Incentive Cards on Hand

Total Value of Incentive Cards on Hand is the same as the Balance on the Incentive Cards - Log as of this date:

Counted by: _____ Date _____ Time _____

Verified By: _____ Date _____ Time _____