



## Environmental Health Program Receipts Procedures



### Policy E-IC-1

March 2007  
Revised January 30, 2012

**Purpose:** To establish a standard procedure for the collection and management of Environmental Health receipts to ensure adequate and appropriate internal control measures.

**Policy:** Three Rivers District Health Department shall ensure appropriate internal control measures regarding the collection and data entry of Environmental Health Program fees and in accordance to the Administrative Reference for Local Health Departments in Kentucky.

**Procedure:** All employees of the health department shall abide by the following standards and guidance relating to Environmental Health Program receipts:

- I. Environmental fees should be collected by a Health Center Account Clerk at the local Health Center. Fees should not be collected by the Environmentalist in the office or in the field except when approved by supervisor.
- II. All clients shall be provided a receipt for payment upon collection of the fees. The appropriate application form should be utilized to serve as a receipt. The Health Center Account Clerk shall, upon receipt, initial/sign, list method of payment (i.e. check number or money order number), and date the appropriate application form. **ONLY** personal checks, cashier's checks, or money orders will be accepted. Cash should only be accepted when no other means of collection is feasible and payment is necessary immediately. The original copy of the appropriate form will be issued to the client to serve as a receipt. In addition, one copy of the form will be attached to the fee to be sent to the District Office, and one copy to be returned to the Environmentalist for filing. Should there be no specific application form, a hand-written receipt may be issued in lieu of the application form providing that the method of payment, a brief description of service requested, and date is detailed on the receipt. A copy of this receipt shall be attached to the fee when sent to the District Office and a copy provided to the Environmentalist for filing.
- III. A log shall be kept by the Health Center Account Clerk regarding collection of Environmental Health fees. The Health Center Account Clerk may use form E-IC-1A as a log sheet and shall keep the sheets in a binder in a conspicuous location. The log sheet must contain minimally the following information:
  - A. Client Name
  - B. Permit Number (if applicable)
  - C. Amount of Payment
  - D. Date of Payment
  - E. Method of Payment (check number or money order)
- IV. Environmental Health Program money and receipts shall be sent to the District Office via inter-District mail for data entry and deposit. Health Center Account Clerks shall place the money and receipts in a

locked envelope for collection and transport. Precautions should be taken by the Health Center Account Clerks to ensure that the money and receipts are stored in a secure and protected location. The money and receipts should not be left unattended or unprotected and/or unlocked for any extended periods of time and delivery to the District Office should be ensured at least two times per week. Staff responsible for transporting inter-District mail shall take precautions as to adequately protect the money and receipts and ensure delivery to the appropriate personnel.

- V. (Refer to policy **A-IC-13** for handling of money and receipts upon arrival to District Office). Data entry shall be entered into the EHMIS (Environmental Health Management Information System) program by the Environmental Account Clerk in accordance to the Administrative Reference for Local Health Departments in Kentucky, and must be completed in a timely manner but should never be held longer than 5 days.
- VI. Upon completion of the data entry, the paperwork shall be transported to the Deposit Clerk for deposit. Deposits must be completed in a timely manner. The Environmental Accounting Clerk must ensure that the amount of the deposit matches the amount that should have been received and that is entered into EHMIS. Environmental Health fee receipts shall be transmitted to the Department for Public Health, Environmental Support Section by the 10<sup>th</sup> of each month as required.
- VII. Write Offs and Refunds must be completed upon the appropriate forms (E-IC-1B and E-IC-1C) and pre-approved by Environmental Manager and District Director prior to being entered into EHMIS. All write offs and refunds must be backed out of EHMIS within 2 days of Three Rivers District Health Department approval.
- VIII. In accordance with 902 KAR 8:165 Local Health Departments shall conduct an annual audit. Environmental fees and collection practices should be included in this audit in order to verify program fees and the effectiveness of the Internal Control Procedures. Upon completion, agency management and supervisors should review audit results to determine the effectiveness of fee collection and internal control procedures.

---

**District Director** **Date**

---

**Chairperson, Three Rivers District Board of Health** **Date**

**Form E-IC-1A**

**Three Rivers District Health Department and Home Health Agency  
Environmental Health Program Receipts Log Sheet**

<b>Name of Client</b>	<b>Permit Number (if applicable)</b>	<b>Amount Received</b>	<b>Check # or Money Order#</b>	<b>Date of Payment</b>	<b>Staff Initials</b>

# REQUEST FOR REFUND

TO: **KY DEPARTMENT FOR PUBLIC HEALTH  
DIVISION OF PUBLIC HEALTH PROTECTION AND SAFETY  
275 E. Main Street HS1E-B  
Frankfort, KY 40621**

FROM: \_\_\_\_\_ (PRINTED/TYPED NAME) \_\_\_\_\_ (DATE)

\_\_\_\_\_  
(SIGNATURE) (TITLE)

\_\_\_\_\_  
(HEALTH DEPARTMENT)

**PLEASE REFUND THE FOLLOWING FEE:**

NAME & ADDRESS OF APPLICANT:	TYPE OF ESTABLISHMENT:	AMOUNT OF REFUND:	PERMIT #:
_____	_____	\$ _____	_____
_____			
_____			

**REASON FOR REFUND:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LHD Appointing Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
DPH Appointing Approval: \_\_\_\_\_ Date: \_\_\_\_\_

E

### ENVIRONMENTAL WRITE-OFF FORM

ESTABLISHMENT NAME: \_\_\_\_\_

COUNTY NAME AND COUNTY #: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

PROCESSING MONTH/YEAR: \_\_\_\_\_

*REASON FOR WRITE-OFF:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**WRITE-OFF ACCOUNT #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_