



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF REGULATION AND LICENSURE  
 SECTION FOR LONG-TERM CARE REGULATION

**NONCANCELABLE ESCROW AGREEMENT**

SEE INSTRUCTIONS ON REVERSE

FINANCIAL INSTITUTION NAME	DATE
ADDRESS	ACCOUNT NUMBER

We are enclosing a deposit of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) which we ask that you please hold in escrow subject to the terms and conditions enumerated as follows:

1. The above described deposit, and any other funds which may be added to this escrow account from time to time by written instructions, is to be held by \_\_\_\_\_ (*hereinafter referred to as the Bank*) for the purpose of securing to every resident or former resident, or the estate of a former resident of \_\_\_\_\_ (*hereinafter referred to as the Facility*), the return of any monies held in trust by \_\_\_\_\_ (*hereinafter referred to as the Operator*) of which the resident has been wrongly deprived by acts of the Operator or any affiliates or employees of the Operator, as determined in a court of competent jurisdiction.

2. This escrow account may be cancelled only upon a determination by the Missouri Department of Health and Senior Services that the Operator has secured the above described return of monies held in trust to its residents in another manner consistent with Section 198.096, RSMo.

3. The above described deposit, and any funds added to this deposit from time to time, shall be held as provided above by the Bank in such fully insured interest bearing investments as directed by the Operator, or its Agent, with all earning of said deposit(s) to remain as the property of the Operator to be paid to it as it, or its Agent, shall direct, unrestricted by this agreement.

It is understood and agreed that in accepting the escrow you act as depository only, and are not a party to, or bound by any agreement which may be evidenced by, or arise out of, the foregoing instructions. You shall require before delivering any of the deposit described above, including any additional funds added to that deposit, either on order of a court of competent jurisdiction or consent of the Operator and the Missouri Department Health and Senior Services and, further, if you are notified of any disagreement between a resident, former resident, or the estate of a former resident of the Facility and the Operator, or if you are served with a notice of adverse claims and demands by other persons, you are hereby authorized to hold all money in this escrow file until the differences shall have been adjusted by the parties and notices submitted to you in writing by all persons so interested; otherwise, you may hold the money in this file until rights of the parties have been finally adjudicated in a court of competent jurisdiction.

OPERATOR NAME (PRINT OR TYPE)	OPERATOR SIGNATURE
-------------------------------	--------------------

ADDRESS
---------

The Bank hereby acknowledges receipt of the instructions, and of the money herein referred to, and agrees to hold and dispose of the same in accordance with said instructions and upon the terms and conditions set forth above.

FINANCIAL INSTITUTION REPRESENTATIVE (PRINT OR TYPE)	REPRESENTATIVE SIGNATURE
--	--------------------------

TITLE	DATE
-------	------

# NONCANCELABLE ESCROW AGREEMENT

## INSTRUCTIONS

1. A noncancelable escrow agreement (NCEA) must be in a form approved by the Missouri Department of Health and Senior Services. Section for Long-Term Care will furnish forms.
2. A NCEA must be issued by an insured lending institution.
3. A NCEA must bear an effective date.
4. A NCEA must be signed by a bank officer, dated and indicate official title.
5. A NCEA must be an original, not a copy.
6. The operator as indicated on the NCEA must be identical to the licensed operator as appears on the Missouri Department of Health and Senior Services license to operate a long-term care facility and as registered with the Missouri Office of Secretary of State.
7. A NCEA must be at least \$1,000.
8. A NCEA must be signed by a person having authority to sign for the entity.
9. A NCEA must be submitted to the Missouri Department of Health and Senior Services and shall be approved prior to license issuance. No NCEA shall be approved without verification of cash deposit. The NCEA must be sent to:  
  
Accountants  
Section for Long-Term Care  
Division of Regulation and Licensure  
Missouri Department of Health and Senior Services  
P.O. Box 570  
Jefferson City, MO 65102-0570
10. A NCEA may only be released upon approval by the Missouri Department of Health and Senior Services and adequate proof that all funds have been disbursed to the rightful person(s) and there are no claims against the funds. Documentation should include a copy of the resident funds bank statement indicating a zero balance, a copy of the cancelled checks (front and back) indicating who the money was disbursed to and a copy of the ledger sheets indicating zero balance.