RECORD OF CLIENT'S/RESIDENT'S SAFEGUARDED CASH RESOURCES

Client/resident: Your signature below indicates you have received the following amount of money from the facility on the date indicated.

Facilities that handle client's/resident's cash resources must maintain accurate records of all money received and disbursed. NAME OF CLIENT/RESIDENT:

- The date of the transaction shall be noted under Date. 1)
- Use a separate line for each transaction.
- 2) 3) Supporting receipts for purchases shall be filed in order of dates of purchases.
- 4) The client's/resident's (or client's/resident's representative) signature <u>on this form</u> may serve as a receipt for cash distribution to the client/resident. (Sec. 80026(h)(1)(A) and 87227(g)(1)(A).
- The facility representative's signature is necessary to be able to 5) verify a cash transaction.

NAME OF CLIENT/RESIDENT:					FACILITY NUMBER: YEAR		
			AMOUNT		SIGNATURE FOR CASH TRANSACTIONS		
DATE	DESCRIPTION	AMOUNT RECEIVED	SPENT OR WITHDRAWN	BALANCE	FACILITY REPRESENTATIVE	CLIENT/RESIDENT OR REPRESENTATIVE	