YEAR

## 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.

## **INSTRUCTIONS:**

FACILITY NUMBER:

- 1) The date of the transaction shall be noted under Date.
- Úse a separate line for each transaction.
- 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 on this form may serve as a receipt for cash distribution to the client/resident. (Sec. 80026(h)(1)(A) and 87227(g)(1)(A).

5) The facility representative's signature is necessary to be able to verify a cash transaction.

DATE	DESCRIPTION AMOUNT SPENT OR RECEIVED WITHDRAWN		BALANCE	SIGNATURE FOR CASH TRANSACTIONS  FACILITY REPRESENTATIVE  CLIENT/RESIDENT OR REPRESENTATIVE		
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