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:

1) *The date of the transaction shall be noted under Date.*
2) *Use a separate line for each transaction.*
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 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.*

NAME OF CLIENT/RESIDENT:	FACILITY NUMBER:	YEAR
	397005485 - Stockton	

DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	SIGNATURE FOR CASH TRANSACTIONS	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