

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DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	SIGNATURE FOR CASH TRANSACTIONS	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