

**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.

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AMOUNT SPENT OR WITHDRAWN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