STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

COMMUNITY CARE LICENSING

DEPARTMENT OF SOCIAL SERVICES

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

ent/resident: Your signature below indicates you have ceived from or deposited the following amount of cash money with the facility on the date(s) indicated.

Facilities that handles 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. 800.26(h)(2)(A) and 87227(b)(1)(A).
5) The facility representative's signature is necessary to be able to verify a cash transaction.

NAME OF CLIENT/RESIDENT:

FACILITY NUMBER:

DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	SIGNATURE FOR CASH TRANSACTIONS	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

LIC 405 (9/92)