V.B.R.
FAMILY & CHILDREN RESOURCE AGENCY

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DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	SIGNATURE FOR CASH TRANSACTIONS FACILITY REPRESENTATIVE	CLIENT/RESIDENT OR REPRESENTATIVE