Washington County

Resident Monthly Cash Record

Community Services

WCCS-71980-27 (11-10)

Resident: _____

Month/Year: _____ Sheet #: _____

Provider/Facility: _____

Previous Month: _____ Cash on Hand _____ Ending Balance

DATE	DESCRIPTION OF TRANSACTION	PROVIDER INITIALS	RESIDENT INITIALS	ITEMIZED RECEIPT	CASH IN	CASH OUT	BALANCE

END OF MONTH RECONCILIATION:

_____CASH ON HAND

_____ENDING BALANCE

CHECKING AND SAVINGS ACCOUNT TRANSACTIONS

DATE	DESCRIPTION OF TRANSACTION	MONEY KEPT CASHED	WITHDRAWAL	INTEREST/ DEPOSIT	BALANCE

RECONCILIATION: _____CHECKING BALANCE _____SAVINGS BALANCE

TRANSACTIONS INVOLVING BENEFIT CHECKS (SSI, Employment, MSA, etc.)

DATE	DESCRIPTION OF TRANSACTION	CHECKS RECEIVED	CHECKS DISTRIBUTED	BALANCE

_____ _____

PROVIDER SIGNATURE DATE

QUARTERLY REPORT TO CASE MANAGER AND/OR GUARDIAN