ADULT FAMILY-CARE HOME ACCOUNTING OF RESIDENT'S FUNDS

Resident's Name _____ S.S.# _____ Person Distributing Funds _____

Date	Source of Funds Description of Transaction	Amount Received/Withdrawn	Amount Distributed/Deposited	Resident's Initials	Provider's Initials

For resident's who have bank accounts *and* the provider's name is on the account, attach a copy of all monthly bank statements.

Name Bank #1 _____
Bank Address_____
Account Number _____
Name(s) on account(s) _____
_____

Name of Bank #2_____
Bank Address_____
Account Number _____
Name(s) on account(s) _____
_____