The record must include an accounting of any personal funds and charges against those funds if the operator or a care giver gives cash resource assistance to a resident. This form must be used, reviewed and signed quarterly for any resident receiving cash resource assistance.

ADULT FOSTER CARE CASH RESOURCE RECORD

RESIDENT:		AFC PROVIDER:	
MONTH/YEAR:		SHEET #:	
BEGINNING BALANCE:			

DATE	DESCRIPTION OF TRANSACTION	DEPOSIT	PAYMENT	BALANCE
	TOTALS			

ENDING BALANCE:	

The above is a true account of the resident's cash transactions completed with the assistance of the adult foster care provider.

_____

Resident/Legal Representative Date

_____

Adult Foster Care Provider Date