



Aging, Disability & Veterans Services Adult Care Home Program

Individual Financial Record (Ledger)
<p>MCAR 023-090-200 (i) If the Operator has been authorized by a resident or resident's legal representative to handle a resident's money, then there shall be a dated record of how the resident's money is spent and receipts retained for purchases over \$5.00. Receipts shall not be required for purchases made by the resident himself/herself.</p>

Resident Name: _____

TYPE of Account (Mark circle): Cash Checking Savings

Signature Key:			
Name	Initials	Name	Initials

Date	INCOME		EXPENSE		Balance	Receipt No.	Initials
	Income Source	Amount	Item Description	Amount			

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