**Sanilac County Community Mental Health Authority**

**INDIVIDUAL FUNDS PART II**

**Instructions:**

Please use a separate form for each savings, checking or other accounts. Attach receipts whenever available.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | Case #: | | | | | | |
| Home/Program Name & Address: | | | | | | | | | | | | | |
|  |  | | |  | |  | |  | |  | |  |  |
| Type of Account | | | | | | | | | | | | | |
|  | | \_\_\_\_ Savings | \_\_\_\_ Checking | | \_\_\_\_ Cash | | \_\_\_\_ Other-specify: | | | | | | |
|  | |  |  | |  | |  | |  | |  | |  |
| Date | | **Reason for Transaction** | **Individual/ Legal Representative Signature** | | **Provider/Staff Designee Signature** | | **Amount Deposited** | | **Amount Withdrawn** | | **Balance Forwarded** | | |
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Distribution: Original - Home or Program Record Copy – Person responsible for Individual’s funds