**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Legal Representative Signature** | **Provider/Staff Designee Signature** | **Amount Deposited** | **Amount Withdrawn** | **Balance Forwarded** |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