



# PROTECTIVE PAYEE REPORT

Month \_\_\_\_\_, Year \_\_\_\_\_

7. NAME AND ADDRESS OF BANK		1. COMMUNITY SERVICES OFFICE (CSO)	
8. ACCOUNT NUMBER		2. CASE WORKER/CASE MANAGER'S NAME	
		3. WORKER'S TELEPHONE NUMBER	
		4. RECIPIENT'S NAME	
		5. RECIPIENT'S ASSISTANCE UNIT ID NUMBER	6. RECIPIENT'S INDIVIDUAL ID NUMBER

## 9. TRANSACTION RECORD

A. TRANSACTION DATE	B. CHECK NUMBER	C. AMOUNT	D. TYPE	E. PURPOSE (RECIPIENT MUST SIGN HERE IF CASH WAS DISBURSED)	F. DOC	G. BALANCE
			<input type="checkbox"/> DEPOSIT <input type="checkbox"/> WITHDRAWAL			
			<input type="checkbox"/> DEPOSIT <input type="checkbox"/> WITHDRAWAL			
			<input type="checkbox"/> DEPOSIT <input type="checkbox"/> WITHDRAWAL			
			<input type="checkbox"/> DEPOSIT <input type="checkbox"/> WITHDRAWAL			
			<input type="checkbox"/> DEPOSIT <input type="checkbox"/> WITHDRAWAL			

Continuation page attached:  Yes  No

## 10. PROGRESS REPORT

A. Is money management training required for this recipient?  Yes  No. No progress report required.

B. Dates and description of money management training provided:

C. Dates recipient attended:

D. Describe recipient's progress toward management of their own funds:

E. Does the recipient need other services in order to manage their own funds?  Yes  No. If yes, describe:

## 11. TERMINATION OF SERVICES

A. Discontinuing protective payments due to:  notification by DSHS  loss of contact  other (describe):

Effective date: \_\_\_\_\_

B. Returned warrant for \_\_\_\_\_ (month/year) to \_\_\_\_\_ CSO.

Returned \$ \_\_\_\_\_ for \_\_\_\_\_ month/year) to OFR on \_\_\_\_\_ (date).

## 12. STATEMENT OF ACCURACY

**I certify this is an accurate record of income, expenditures, and case actions.**

PROTECTIVE PAYEE NAME (PRINT)	SIGNATURE	DATE
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**DISTRIBUTION:** Payee's Files

PROTECTIVE PAYEE REPORT  
INSTRUCTIONS

A. USE

Protective Payee vendors report monthly social service and accounting activities for TANF/SFA and GA cases they serve on this form. This report is required for monthly payment to the vendor.

B. COMPLETION

1. CSO staff can complete heading information (optional).
2. Protective payee vendors complete the remainder of the report.
3. Signature of the protective payee is required.

C. DISTRIBUTION

Keep a copy in the payee's files.

D. ALTERNATIVE FORMS

Protective payee vendors can substitute computer generated reports. Vendor forms should include the same information in a very similar format.