

Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Companion Home Client Cash Ledger

CLIENT NAME						MONTH / YEAR			
DATE	REASON FOR EXPENSE OR DEPOSIT	CASH TAKEN OUT	AMOUNT SPENT	AMOUNT DEPOSITED / REDEPOSITED	BALANCE	RECEIPT?	PROVIDER'S INITIALS	CLIENT SIGNATURE WHEN RECEIVING CASH	
	BALANCE FORWARD								
						VES			
						YES			
						YES			
						VES			
						YES			
						YES			
						VES			
						YES			
						YES			
						YES			
						YES			
						YES			
RECONCILED BY:						DATE	DATE		

COMPANION HOME CLIENT CASH LEDGER DSHS 17-258 (11/2018)

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