



Alternative Living Monthly Financial Report

TODAY'S DATE

CLIENT'S NAME	CASE MANAGER'S (CM) NAME
PROVIDER'S NAME	REPORTING PERIOD Start date: _____ End date: _____

Income (indicate who manages each income source)					
INCOME SOURCE	MANAGED BY CLIENT	MANAGED BY PROVIDER	MANAGED BY REP	MANAGED BY (SPECIFY NAME)	AMOUNT
SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
SSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Paycheck / wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
EBT cash benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
EBT food benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
SUBTOTAL INCOME					\$

Resources (indicate who manages each resource)					
TYPES OF ACCOUNT / RESOURCES	MANAGED BY CLIENT	MANAGED BY PROVIDER	MANAGED BY REP	MANAGED BY (SPECIFY NAME)	COMMENTS
Checking account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other bank account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EBT cash benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EBT food benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prepaid debit / credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cash not held by provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Account Reconciliation				
TYPES OF ACCOUNT / RESOURCES	BEGINNING BALANCE	DEPOSITS	AMOUNT USED	ENDING BALANCE
Checking account	\$	\$	\$	\$
Savings account	\$	\$	\$	\$
Other bank account	\$	\$	\$	\$
EBT cash benefits	\$	\$	\$	\$
EBT food benefits	\$	\$	\$	\$
Prepaid debit / credit	\$	\$	\$	\$
Cash not held by provider	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$

Cash on Hand (COH) held by Provider				
	AMOUNT	DATE	INDIVIDUAL'S INITIALS	PROVIDER'S INITIALS
BEGINNING COH BALANCE:	\$			
Cash added	\$			
Cash spent / given to individual	\$			
Cash spent / given to individual	\$			
Cash spent / given to individual	\$			
Cash spent / given to individual	\$			
Cash spent / given to individual	\$			
Cash spent / given to individual	\$			
Cash spent / given to individual	\$			
ENDING COH BALANCE	\$			

Actual Monthly Expenses Managed by the Provider		Provider Comments
Rent.....	\$ _____	
Utilities (water / power / garbage).....	\$ _____	
Telephone.....	\$ _____	
Cable / Internet.....	\$ _____	
Transportation.....	\$ _____	
Household expenses.....	\$ _____	
Food.....	\$ _____	
Laundry.....	\$ _____	
Medical.....	\$ _____	
Other / Miscellaneous (specify):		
.....	\$ _____	
.....	\$ _____	
.....	\$ _____	
.....	\$ _____	
Monthly spending money.....	\$ _____	
TOTAL MONTHLY EXPENSES	\$ _____	

Signatures			
CLIENT'S SIGNATURE	DATE	IF APPLICABLE:	
		LEGAL REPRESENTATIVE'S SIGNATURE	DATE
PROVIDER'S SIGNATURE	DATE		
		LEGAL REPRESENTATIVE'S PRINTED NAME	
CM'S SIGNATURE	DATE		

Completed SER: