|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PROTECTIVE PAYEE REPORT CONTINUATION** | | | | | | | | | |
|  | | | | | 1. COMMUNITY SERVICES OFFICE (CSO) | | | | | |
| Month , Year | | | | | 2. CASE WORKER/CASE MANAGER’S NAME | | | | | |
| 7. NAME AND ADDRESS OF BANK | | | | | 3. WORKER’S TELEPHONE NUMBER | | | | | |
|  | | | | | 4. RECIPIENT’S NAME | | | | | |
| 8. ACCOUNT NUMBER | | | | | 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 | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
|  |  |  | DEPOSIT  WITHDRAWAL | | |  | |  | |  | |
| **10. STATEMENT OF ACCURACY** | | | | | | | | | | |
| **I certify this is an accurate record of income, expenditures, and case actions.** | | | | | | | | | | |
| PROTECTIVE PAYEE NAME (PRINT) | | | | SIGNATURE | | | | | DATE | |
| **DISTRIBUTION:** Original - CSO Copy - Protective Payee | | | | | | | | | | |
| **PAGE       OF** | | | | | | | | | | |
| Protective Payee Report Continuation  A. Completing and using the form  Protective payee vendors use this form when there is not enough space on the Protective Payee Report, DSHS 01-110(X).  Complete the form, including the page information at the base of the form, and attach it to the Protective Payee Report,  DSHS 01-110(X).  B. Distribution  Original: Community Services Office  Copy: Protective Payee file. | | | | | | | | | | |