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|  |  **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 |  |  |  |
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|  |  |  | [ ]  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 ContinuationA. 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. |