

FINANCIAL REVIEW CHECKLIST

RESIDENT'S NAME: _____

	Date	Initial	Date	Initial
Review of Resident financial records				
Up to date resident financial protocol available				
Up to date personal budget available				
Financial ledger available				
Financial ledger is up to date				
Bank statements on file				
Bank statements / book transactions reviewed				
Receipts available for purchases made (with in one year)				
Approval/authorizations are documented for:				
• use of debit card by individuals in services				
• debit card withdrawals of cash over \$100				
• family who takes responsibility for resident financials				
Supervisor has reviewed and signed off on all resident accounts monthly for last 12 months				
Comments:				
Managers Name:		Initials:		