

SC DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

**CASH LEDGER FOR FUNDS MAINTAINED
AT RESIDENTIAL LEVEL**

PERSON'S NAME: _____

SS# (last 4 digits only)

X X -X X X -

RESIDENCE: _____

DATE	DESCRIPTION	DEPOSIT	WITHDRAWAL	CURRENT BALANCE	RESID. STAFF INITIALS	PERSON'S INITIALS
-----	<i>Balance brought forward</i>	-----	-----	\$	-----	-----