

# Children's HOPE

COMPLETE AND SUBMIT  
EVERY MONTH

*Making a Difference!*

Client: \_\_\_\_\_ DOB: \_\_\_\_\_ Placement Date: \_\_\_\_\_

Resource Parent(s): \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

## PERSONAL PROPERTY AND CASH RECORD

### PERSONAL PROPERTY RECORD

Did the client acquire additions to their personal property this month? Yes \_\_\_ No \_\_\_ If Yes, list new items.

Articles of Clothing	Cost	Toys, Books, Etc.	Cost

Was any property disposed of this month? Yes \_\_\_ No \_\_\_ If Yes, what? \_\_\_\_\_

**Resource Parents must keep receipts for personal property purchased on behalf of the Client and furnish them upon request to CCL and/or CHFFA staff members.** If client is too young to understand & sign, ASW signs on their behalf.

Resource Parent Signature _____	Date _____
Client Signature _____	Date _____
<b>(Required if able to sign name)</b>	

### RECORD OF CLIENT'S SAFEGUARDED CASH RESOURCES

Resource Parent must maintain accurate records of all money received and disbursed, such as allowance, birthday money, etc. Use a separate line for each transaction. Include copies of receipts if applicable. Signature of Resource Parent and Client are required to verify the accuracy of information and to serve as a cash receipt. If client is too young to understand & sign, ASW signs on their behalf.

Date	Description	Amount	Balance	Resource Parent Signature	Client Signature (REQUIRED if able to sign name)

Attach additional pages if necessary

ASW initial and date here after review