

**ADULT RESIDENTIAL LICENSING – PERSONAL CARE HOMES  
CASH DISTRIBUTION RECORD - 55 Pa.Code § 2600.20(b)(3)**

Resident Name: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Daily Budget Amount: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Date	Time	Amount Withdrawn	Balance	Resident's Signature	Staff Signature
<b>Balance Forward</b>					
<b>Ending Balance</b> →					
<b>TOTALS</b>					