EASTERN LOS ANGELES
R E G I O N A L   C E N T E R

Cash Handling

Facility Name: _____ **Date:** _____

Client Name: _____ **UCI#:** _____

This form is to determine and document the amount of cash that a client can handle. This shall remain effective until revoked in writing by the Service Coordinator. **Note:** Client's signature still required for each cash disbursement.

Client can receive up to $ _____ cash *(Client signature required)*

X _____   _____
       Service Coordinator Signature   *Date*

X _____   _____
       Facility Administrator Signature   *Date*

X _____   _____
       Client's Signature   *Date*

ELARC 526 (6/23)