ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

MEMBER FUNDS MONTHLY LEDGER

First and Last Name of Member: _____   Reporting Month/Year: _____

Qualified Vendor Name: _____   Provider/Guardian/Individual Name: _____

Note: Ensure you maintain a clear legible copy of all the receipts for your own record. All legible receipts submit with the monthly ledger to DES/DDD Client Funds.

Date	Merchant Name or Source Funds Received From	Description of Purchase or Deposit of Funds	Supervisor/Manager Signature	Deposit	Debit	Daily Balance
		STARTING BALANCE:				$
1				$	$	$
2				$	$	$
3				$	$	$
4				$	$	$
5				$	$	$
6				$	$	$
7				$	$	$
8				$	$	$
9				$	$	$
10				$	$	$
End of Month Balance: balance cannot exceed $200.00. Excess amount returned to DES/DDD Client Funds with the ledger.				$	$	$

See reverse for EOE/ADA disclosures

1. Submit a **monthly ledger**, receipts and excess funds to the DES/DDD Client Funds Systems office by the 15th of each month.
   Note: The member's monthly spending funds will be *suspended* if the monthly ledgers, receipts and excess funds are not submitted by the 15th of each month. (See Calendar.)

   Mailing Address: DES/DDD Client Funds
   400 West Congress #500
   Tucson, AZ 85701

Calendar	
At the end of month:	*Submit the ledger by:*
January	February 15th
February	March 15th
March	April 16th
April	May 15th
May	June 15th
June	July 15th
July	August 15th
August	September 15th
September	October 15th
October	November 15th
November	December 15th
December	January 15th

2. Provide the ledger for review at each Planning Meeting or as frequently as requested by the Division, and/or the member, or the responsible person.

3. Ensure that the member's monthly spending funds are used to meet acceptable day-to-day personal needs as agreed in the planning documents, including recreation and miscellaneous expenses as required by the Social Security Administration.

4. Monthly ongoing spending funds do NOT have SSA approval and should never be used to pay for another person's expenses.

5. Ensure that the member's funds are not used to purchase items that are required to be supplied by the Qualified Vendor, Independent Provider, Individual/Guardian or the Division.

6. Keep member funds in a secure locked location.

7. Do not allow the member to have direct access to funds.

8. Ensure that the monthly ledgers are closed, the receipts and unspent funds are returned, and any required documentation is submitted to the DES/DDD Client Funds Systems office within 15 days from the date a member returns home, is no longer receiving services, or is deceased.

9. Two supervisor/manager sign off when funds are given directly to a member and receipts will not be available. Any funds given directly to a member must be noted in the spending plan. Spending plan must note the frequency and amount of funds a member may be given directly.

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MEMBER FUNDS MONTHLY LEDGER

CONTINUATION SHEET

First and Last Name of Member: _____ Reporting Month/Year:_____

Qualified Vendor Name: _____ Provider/Guardian/Individual Name: _____

Note: Ensure you maintain a clear legible copy of all the receipts for your own record. All legible receipts submit with the monthly ledger to DES/DDD Client Funds.

Date	Merchant Name or Source Funds Received From	Description of Purchase or Deposit of Funds	Supervisor/Manager Signature	Deposit	Debit	Daily Balance
		STARTING BALANCE:				$
11				$	$	$
12				$	$	$
13				$	$	$
14				$	$	$
15				$	$	$
16				$	$	$
17				$	$	$
18				$	$	$
19				$	$	$
20				$	$	$
End of Month Balance: balance cannot exceed $200.00. Excess amount returned to DES/DDD Client Funds with the ledger.				$	$	$