

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES
DIRECT FINANCIAL ASSISTANCE LOG

Name of Person / Family with whom we have agreement
Month _____ or Quarter : 1st 2nd 3rd 4th
(Please circle)

Name of Person Receiving Services _____
Agreement Period _____ to _____

Balance From Previous Quarter: _____
Balance Received This Quarter: _____
Beginning Balance for This Quarter: _____

DATE	DESCRIPTION OF ACTIVITY OR ITEM PURCHASED		
		BALANCE	
		AMOUNT	
		BALANCE	
		AMOUNT	
		BALANCE	
		AMOUNT	
		BALANCE	
		AMOUNT	
		BALANCE	
		AMOUNT	
		BALANCE	
		AMOUNT	
		BALANCE	
		AMOUNT	
		BALANCE	
		AMOUNT	

PLEASE COMPLETE AND RETURN WITH YOUR NEXT BILLING FORM

Person / Parent

Date

By signing this form you agree that funds were used for the purposes as listed on the Direct Financial Assistance Agreement.