This form is to be completed when workers are given money or access to the property by the participant to assist them with certain tasks, e.g. grocery shopping. Completed forms should be reviewed by a team leader or by management.

Please note that Nurturing Hands Allied Health P/L does not give financial advice or information.

**Participant name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date the money was spent \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Name of worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position of worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the Participant consent to the worker handling their money: (Y) / (N)**

**Reason for spending the money.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How will the money be carried?**

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The supporting worker needs to ensure that they collect the receipts after every transaction with the participant's money. The receipt will need to be stapled to this form when submitting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Total amount received:**  **$\_\_\_\_\_\_.\_\_\_\_** | **Total amount spent:**  **$\_\_\_\_\_\_.\_\_\_\_** | **Total amount returned:**  **$\_\_\_\_\_\_.\_\_\_\_** | **Does this match the receipts? E.g. Yes, No** |

**Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Signature of worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**