

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 original 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				\$	\$	\$
<b>End of Month Balance: balance cannot exceed \$200.00. Excess amount returned to DES/DDD Client Funds with the ledger.</b>				\$	\$	\$

1. Submit a **monthly ledger**, receipts and excess funds to the DES/DDD Client Funds Systems office by the 15<sup>th</sup> 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 15<sup>th</sup> of each month.  
 (See Calendar.)

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

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

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 original 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				\$	\$	\$
<b>End of Month Balance: balance cannot exceed \$200.00. Excess amount returned to DES/DDD Client Funds with the ledger.</b>				\$	\$	\$