

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
ACCOUNTING -
RECIPIENT'S PERSONAL FUNDS AND PROPERTY

Name of Recipient

DHS Case No.

Recipient: Eligibility Review, Moved, Deceased
 Utilization Review

Date of Action

Funds on hand: Yes No

If yes: Amount \$ _____

Disposition: Retained In Trust Fund
 Returned to Recipient
 To Relative Guardian

Name and Address: _____

 Retained by Facility pending instructions for disbursement

Other property (List):

Disposition:

Administrator

Date

Facility