

**SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**  
**PERSONAL FUNDS DRAFT (PFD)**

Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (last four (4) only): \_\_\_\_\_

Residence: \_\_\_\_\_

I want/need \$ \_\_\_\_\_ of my personal funds.

I want/need \$ \_\_\_\_\_ of my personal funds spent for me to: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Signed (Person): \_\_\_\_\_

Address (optional): \_\_\_\_\_

(Necessary only if over \$200)

Requested By: \_\_\_\_\_ / \_\_\_\_\_  
(Staff Representative) Date

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Program Administrator or Residential Director) Date

(Necessary only if over \$500)

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Manager or QIDP) Date

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Facility Administrator/ Executive Director) Date

Funds Verified (Initials): \_\_\_\_\_  
(Regional Bank Clerk)

Paid:  Cash  VISA  Check #: \_\_\_\_\_

Paid By: \_\_\_\_\_  
(Cashier)

Date: \_\_\_\_\_

Received By: \_\_\_\_\_  
(Staff Representative)

Date: \_\_\_\_\_

I certify that the above mentioned withdrawn funds were either given to or expended for the sole benefit of the above named person, with the exception of \$ \_\_\_\_\_ in unspent funds that I am returning to the Regional Bank.

\_\_\_\_\_  
(Staff Representative) Date

\_\_\_\_\_  
(Regional Bank Clerk) Date

Regional Bank (1<sup>st</sup> Copy)  
Certification (2nd Copy)

For posting purposes after disbursing funds.  
For Regional Bank audit records after purchases are made and unspent funds, if any, are returned to the Regional Bank for deposit (within three (3) business days).

Residence (3<sup>rd</sup> Copy)

For residence staff after certification signature of Regional Bank Liaison Clerk has been obtained.