

Helping Hands Healthcare Money Exchange Form

Errands

- Drug Store Food/ Restaurant Paying Bills
- Grocery Laundry
- Pickup Medications Other _____

- Cash Check Food Stamps Other

Client Initials Aide Initials

Amt. Received \$ _____

Amt. Spent \$ _____

Change Returned \$ _____

Medications

Name of medications picked up and given to client:

I certify that the medications that were picked up were delivered to me unopened and intact.

Client Signature

Date

HHA/ HMK Signature

Date