

CASE IDENTIFICATION

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|-----|---------------|------|-----------|-------|
| CO. | RECORD NUMBER | CAT. | CTR. DIG. | DIST. |
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PROTECTIVE PAYEE'S ACCOUNT

In capacity as protective payee for _____
(NAME)

_____ I have received the sum of \$ _____

from the Department of Public Welfare between _____ and _____

This sum has been spent entirely for the benefit of the person named above.

(NAME)

(DATE)