P005 - Money Handling

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| Version | Approved: | Comments | Next review date |
| 1.0 | 01/05/2019 |  | 01/09/2021 |

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| Applies to: |
| All staff |

# PURPOSE

1. To record and receipt any cash transactions that are undertaken on behalf of clients.
2. To guard against accusations of impropriety.

# POLICY

First Call employees are NOT under any circumstances to physically assist clients with: (unless first receiving written consent from carer/family and management)

* banking (deposits or withdrawals)
* bank or credit card transactions

Employees are only able to supervise the client or patient in the application of banking responsibilities.

Failure to comply with the above will constitute gross misconduct and could result in the termination of employment.

As a general rule, employees are not to physically assist clients with cash handling.

However, in the instance of clients or patients being physically or mentally unable to handle cash for the payment of goods or services, First Call staff may be engaged to physically assist with client cash handling and the payment of goods and services only if requested and approved.

There is a strict procedural guideline in place for the handling of cash (F004 Money Handling Form).

First Call employees are advised to never offer financial advice or information to clients, other than what is reasonably expected as part of a nurse-care recipient relationship.

First Call discuss and provide NDIS and HCP clients with a budget and statements to allow them keep abreast of how their funding is being used.

# PROCEDURE

## Requirements:

* Comprehensive accounting of all transactions.
* Proof of purchase and all receipts.
* Budget for HCP and NDIS clients
* Statements

## Method:

1. Write the client’s full name in the space provided.
2. Record the client’s home address in the space provided.
3. Record the date of the transaction in the space provided.
4. Record the amount of cash you have been asked to handle in the space provided.
5. Record the amount spent per transaction.
6. Give a description of the purchase in the space provided (e.g. groceries, clothes).
7. Record the total amount spent considering all transactions.
8. Attach copy of receipt/s to completed form where possible.
9. Record the change that was given to the client.
10. Make sure the ledger balances.
11. Request the client to sign the form.
12. If the client is unable or unwilling to sign, please write ‘UNABLE TO SIGN’.
13. Do not sign the client’s name.
14. Sign your name in the space provided at the bottom of the form.

# DOCUMENTS

F004 Money Handling Form

**F004 - MONEY HANDLING FORM**

|  |  |
| --- | --- |
| **Client Name** |  |
| **Total Cash given $** |
| Purchase (Item and store) | Amount |
| **1.** | **$** |
| **2.** | **$** |
| **3.** | **$** |
| **4.** | **$** |
| **Total spent $** | **Change $** |

|  |
| --- |
| Receipt supplied **YES** or  **NO** (please circle) |
| Customer Signature |
| Employee Signature |

*Please return this completed form to the office on Monday with Timesheets and Nursing Notes.*