STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
ADHC/CBAS CASH FLOW FORECAST
CDA IMS 35 (REV 2/2024)

Licensee/Provider Name: _____

Center Name: _____

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Revenues												
Beginning Cash Balance		0	0	0	0	0	0	0	0	0	0	0
Revenue from Operations:												
Medi-Cal												
Non-Medi-Cal Participants												
Donations												
Other Funding Sources												
Income from Investments												
Total Revenues	0	0	0	0	0	0	0	0	0	0	0	0
Expenditures												
Administration												
Medical & Nurses												
Physical Therapy												
Occupational Therapy												
Speech Therapy												
Psycho-Social Services												
Nutrition												
Supportive Services												
Transportation												
Purchase of Fixed Assets												
Other												
Total Expenditures	0	0	0	0	0	0	0	0	0	0	0	0
Ending Cash Balance	0	0	0	0	0	0	0	0	0	0	0	0