

PARTICIPANT RECEIPT FORM

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| Client Name: | Click here to enter text. | | | | Funding Stream: | | | | | | Click here to enter text. | | | | |
| State ID #: | | Click here to enter text. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **I CERTIFY THAT I HAVE RECEIVED THE FOLLOWING SERVICE OR INCENTIVE AND THAT I PARTIICPATED IN WORK READINESS AND /OR OCCUPATIONAL SKILLS TRAINING DURING THE PERIOD FOR WHICH THE FOLLOWING IS BEING RECEIVED:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Service Provided: | | | Choose an item. | | | | |  | Date(s) Service Provided: | | | | | Click here to enter text. | |
| Check Number and Amount (if applicable) | | | | | | Click here to enter text. | | | | | | | | | |
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| Type of Incentive (if applicable, ex. – CRC, Work Readiness, etc.) | | | | | | | | | | | | Click here to enter text. | | | |
|  | | | | | | | | | | | | | | | |
| $ Amount | Click here to enter text. | | | Gift Card | | |  | | | Check |  | | Check #: | |  |

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| --- | --- | --- | --- | --- |
| Client Signature: |  | | Date: |  |
|  |  | |  |  |
| Service Provider Signature: | |  | Date |  |
|  |  | |  |  |