

## SYT-I Receipt Form

I, \_\_\_\_\_ acknowledge the receipt/distribution of:  
(client name)

- Drug Testing Incentive Gift Card** (Card #): \_\_\_\_\_
- \*GPRA Follow-up Incentive** (Card #): \_\_\_\_\_
- Sober Living:** \_\_\_\_\_
- Supplemental Needs - Gas Cards** (Card #): \_\_\_\_\_
- Transportation Bus** (Month/Pass #): \_\_\_\_\_
- Educational/Vocational Training:** \_\_\_\_\_
- Other:** \_\_\_\_\_

from \_\_\_\_\_ (SYT-I provider organization name) in the  
amount of \$\_\_\_\_\_ for \_\_\_\_\_ (name/person receiving service).

If applicable, I must provide documentation or receipt of goods or services and will provide that  
documentation or receipt by \_\_\_\_\_ (date).

**Clients who do not provide accurate documentation or receipts and/or who purchase unauthorized goods or services will not receive additional services for which the receipt was not provided and may be determined ineligible for participation in SYT-I. In addition, IDPH reserves the right to collect reimbursement for the misused funding directly from the client.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Provider / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The GPRA follow-up incentive card is not a listed Recovery Support Service for SYT-I. Agencies may utilize the SYT-I Receipt Form when providing the GPRA follow-up incentive gift card, otherwise agencies must have policies and procedures in effect for documenting the distribution of the card.