

## Iowa's Integration Project – Receipt Form

I, \_\_\_\_\_ (client name)

acknowledge the receipt of:

- Child Care: \_\_\_\_\_
- Drug Testing Gift Card #: \_\_\_\_\_
- Gas Gift Card #: \_\_\_\_\_
- NOM's Follow-up Gift Card #: \_\_\_\_\_
- Supplemental Needs: \_\_\_\_\_
- Sober Living: \_\_\_\_\_
- Transportation (Bus/Cab): \_\_\_\_\_
- Other (type): \_\_\_\_\_

from \_\_\_\_\_ (PIPBHC provider organization name) in the amount of  
\$ \_\_\_\_\_.

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 to receive further Recovery Support Services. 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: \_\_\_\_\_

If mailed

Address mailed to: \_\_\_\_\_

PIPBHC staff signature \_\_\_\_\_ Date: \_\_\_\_\_

PIPBHC staff witness signature \_\_\_\_\_ Date: \_\_\_\_\_