

Emergency COVID-19 – Receipt Form

I, _____ (client name) acknowledge the receipt of:

- Case Rate: _____
- Co-pay/Co-insurance: _____
- Contingency Management: _____
- Gas Gift Card #: _____
- GPRA Follow-up Gift Card #: _____
- Pharmacological Interventions: _____
- Transportation: _____
- Other (type): _____

from _____ (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: _____

Guardian Signature: (if _____ Date: _____
applicable)

Provider / Witness Signature: _____ Date: _____

If mailed

Address mailed to: _____

Project Staff signature _____ Date: _____

Project Staff witness signature _____ Date: _____