

Appendix J

State Opioid Response 3 – Receipt Form

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

- Contingency Management (Card #): _____
- GPRA Follow-up Incentive (Card #): _____
- Clothing/Personal Hygiene Products: _____
- Education: _____
- Transportation: _____
- Wellness: _____
- Other: _____

(See List of Treatment and Recovery Support Services and specify service and amount here.)

from _____ (SOR3 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 for participation in SOR3. In addition, Iowa HHS reserves the right to collect reimbursement for the misused funding directly from the client.

Client Signature: _____ Date: _____

Provider / Witness Signature: _____ Date: _____

If GPRA Follow-up Card is mailed:

Address sent to: _____

Project Staff signature: _____ Date: _____

Project Staff witness signature: _____ Date: _____