



**WINONA COUNTY RE-ENTRY ASSISTANCE PROGRAM  
FUNDING REQUEST**

*To be completed by the case manager. Use a separate form for each item*

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First MI Last

**Describe the reason your client needs the funds (i.e. rent, bus pass, ID card, work shoes, etc.)**

\_\_\_\_\_

**What other funding sources were considered/rejected and why:** \_\_\_\_\_

\_\_\_\_\_

**Amount needed:** \_\_\_\_\_ **Payable to?:** \_\_\_\_\_

Attached is documentation of the need for funding, i.e. copy of bill, copy of lease agreement

**Form of payment needed:**  Credit Card  Check **Date Needed by:** \_\_\_\_\_

**Transmit payment by?:**

I will pick it up. Contact me at \_\_\_\_\_ when payment is ready.

Mail it to: \_\_\_\_\_

Pay online at: \_\_\_\_\_

**Certification:** I certify that I am the case manager for the client named above, that the funds requested above are necessary to meet the basic need of the client, that the expenditure is tied to the client's case plan and that other funding sources are not readily available for the expenditure requested. If funding is approved, I agree to obtain a receipt for the funds signed by the client and return it to the WRAP Program Director.

**Case Manager Signature:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **WRAP Track:** \_\_\_\_\_

**Admin Use Only:**

Rejected. Reason for rejection: \_\_\_\_\_

Approved.

Funding Source	GL Code	Amount	Voucher (check) #	Date payment issued
JMHC	01-201-234-0000-6261			
JAGR	01-201-235-0000-6261			

**Grant Manager Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Departmental Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_