WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
FUNDING REQUEST ***(Revised 6/30/21)***

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, W-9 Form

Form of payment needed: ☐ Credit Card ☐ Check ☐ Direct Deposit **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+ Grant Manager.

Case Manager Signature:_____Date of Request:_____

Printed Name:_____ Title:_____

Admin Use Only:

☐ Rejected. Reason for rejection:_____

☐ Approved.

Funding Source	GL Code	Amount	Voucher (check) #	Date payment issued
JMHC	01-091-095-0000-6261			

Grant Manager Authorization:_____ Date:_____

Departmental Approval:_____ Date:_____

SAVE PRINT FORM CLEAR FORM