



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
FUNDING REQUEST APPEAL FORM**

Revised 7/20/22

Discretionary Funding Request
(to be completed by case manager only)

Name of client: _____ Length of time in WRAP+ _____

Amount of funding already received: _____ Amount of funding requested: _____

Purpose for funding request (what is it for): _____

Other funding sources explored and results: _____

Rationale for request (how does this support individual's case plan): _____

Case Manager: _____ Date: _____

Participant Appeal to Task Force
(to be completed by participant only)

- I would like to appeal to the WRAP+ Task Force to re-consider whether I should receive WRAP+ Funding.

Amount of funding already received: _____ Amount of funding requested: _____

Purpose for funding request (what is it for): _____

Other funding sources explored and results: _____

The reason or reasons that I believe that I should receive funding are listed below:

Printed Name

Signature

Date

Phone Number

E-mail address

Return completed form to Kalene Engel at kalene@engellawoffice.com