



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
FUNDING RECEIPT**

To be completed by case manager and signed by client.

Revised 8/22/23

I _____ received:

Client name – PLEASE PRINT

CHOOSE ONLY ONE BOX TO COMPLETE BELOW

FOR MONEY PAID ON BEHALF OF CLIENT	FOR ITEMS RECEIVED BY CLIENT
Amount paid (i.e. \$600): _____	Item received (i.e. bike): _____
Purpose (i.e. rent): _____ _____	Purpose (i.e. get to work): _____ _____
When received (i.e. 1/1/19): _____	When received (i.e. 1/1/19): _____
Client agrees that the above money has been paid on his/her behalf and that the money paid is for rent, bills or other service that is not in violation of any probation terms or court orders.	Client agrees that he/she has received the above item and that he/she will not use the item to violate any probation terms or court orders. Client agrees that the items is received AS IS.

Client signature: _____ Date: _____

Case Manager signature: _____ Date: _____

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