

**Request for Supportive Services**

**PART 1 – TO BE COMPLETED BY REQUESTING STAFF MEMBER**

CLIENT NAME: \_\_\_\_\_ REQUEST DATE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_ NEEDED BY: \_\_\_\_\_

CLIENT MOVE-IN DATE: \_\_\_\_\_

LOCATION: ☐ Patriotic Hall ☐ Phoenix, AZ ☐ Houston, TX ☐ Washington, DC ☐ Honolulu, HI

AMOUNT OF REQUEST: \$\_\_\_\_\_.\_\_\_\_\_ FORM OF PAYMENT: ☐ CASH ☐ CHECK ☐ VOUCHER ☐ CREDIT CARD

IF CHECK, IS VENDOR PACKET ON FILE? ☐ YES ☐ NO IF NO, IS VENDOR PACKET ATTACHED? ☐ YES ☐ NO

PURPOSE OF REQUEST: ☐ SUPPLIES/FEES ☐ CLIENT TRAINING ☐ UNIFORM/CLOTHING

☐ OTHER \_\_\_\_\_

SPECIFY ITEM(S) REQUESTED: \_\_\_\_\_

(Attach any necessary back-up documentation and/or completed vouchers requiring approval)

VENDOR NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE
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EMPLOYMENT: Is client currently working? ☐ YES ☐ NO Has client had a job since being in program? ☐ YES ☐ NO

PROGRAM FEES: Is client paying and current on program fees? ☐ YES ☐ NO ☐ N/A

DEPARTMENT MANAGER SIGNATURE \_\_\_\_\_

OPERATIONS APPROVAL SIGNATURE \_\_\_\_\_

**PART 2 – TO BE COMPLETED UPON DISTRIBUTING FUNDS TO CLIENT**

AMOUNT RECEIVED (by Client): \$\_\_\_\_\_.\_\_\_\_\_ ☐ CASH ☐ CHECK (#\_\_\_\_\_) ☐ VOUCHER

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

I agree that I will use the funds only on approved items for the exact amount approved. I agree to return the receipt and any change or unused funds no later than 24 hours upon the funds being issued. I understand that non-compliance with this agreement will be considered a violation of the program and may result in termination of services.

CLIENT SIGNATURE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_

**PART 3 – TO BE COMPLETED WITHIN 24 HOURS OF ISSUING FUNDS**

RECEIPT: ☐ YES ☐ NO \$\_\_\_\_\_.\_\_\_\_\_ + \$\_\_\_\_\_.\_\_\_\_\_ = \$\_\_\_\_\_.\_\_\_\_\_

AMOUNT OF PURCHASE      AMOUNT OF CHANGE      TOTAL

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXPLANATION (if applicable): \_\_\_\_\_

OPERATIONS MANAGER SIGNATURE \_\_\_\_\_

**\*Return Completed Form & Original Receipt to Operations within 24 Hours\***

**\*File Copy of Completed Form & Copy of Receipt in Client File\***