

**INCENTIVE, STIPENDS, & SUPPORTIVE SERVICES  
ACKNOWLEDGEMENT OF RECEIPT FORM**

**Participant Name:**

**PID #:**

**Program:**

**Date of Request:**

**INCENTIVES & STIPENDS**

**The funding was received for:**

Goal:

Amount:

Other:

Amount:

**SUPPORTIVE SERVICES:**

**Type of Supportive Service:**

**Amount:**

**Please enter the reason for the incentive, stipend, or supportive service:**

Please attach the following documentation to this form:

- Incentive, Stipend, and Supportive Service Request Form
- Documentation supporting the issuance of the incentive, stipend, or supportive service.

**By signing below, it is hereby acknowledged that the above Incentive/Stipend/Supportive Service was issued and received.**

**Participant Signature:**

**Date:**

**Case Manager Signature:**

**Date:**

**Program Manager Signature:**

**Date:**

**Project Director Signature:**

**Date:**

PLEASE NOTE: This acknowledgment, with supporting documentation, must be placed in the participant file with supporting documentation.