

**Afghan Placement & Assistance (APA)**

**Adult Acknowledgement of Receipt of Direct Assistance**

*This form is used to record appropriate adult acknowledgement of receipt of (1) direct payments made to a case, (2) payments made on a case’s behalf, or (3) goods purchased for and received by a case. This acknowledgement must be maintained as part of the client’s case record.*

|  |  |  |
| --- | --- | --- |
| **Principal Applicant’s Name** | **Date of Arrival/Eligibility** | **Case Number or Alien Number** |
|  |  |  |
| ***The direct assistance disbursement below is charged to***   Afghan Placement & Assistance (APA) | | |

**Direct Assistance Disbursements**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APA Pocket Money only** | I acknowledge that I have received **pocket money** in the amount indicated below from my resettlement agency in  **CASH** or by  **CHECK(S) #**\_\_\_\_\_\_\_\_\_\_\_\_\_.  ***POCKET MONEY PAYMENTS MADE BY CHECK: If one check contains Pocket Money for more than one adult, a staff member must take the case to cash the check and s/he must verify that each adult personally receives the appropriate amount. Then, each adult must sign this form to acknowledge that they have personally received their Pocket Money.***   |  |  |  |  | | --- | --- | --- | --- | | **ADULT’S NAME** | **Pocket Money amount received** | **Date Received** | **ADULT’S SIGNATURE** | |  | $ |  |  | |  | $ |  |  | |  | $ |  |  | |  | $ |  |  | |  | $ |  |  | |
| **Other Direct Assistance Disbursements** | **Select** 🗹 **only ONE box below:**  I acknowledge that I have received a **direct payment** in the amount indicated below from my resettlement agency in  **CASH** or by  **CHECK #**\_\_\_\_\_\_\_\_\_\_\_\_\_.  I acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_ my resettlement agency disbursed the amount indicated below on my behalf to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by  **CHECK #**\_\_\_\_\_\_\_ or  **CREDIT CARD.**   |  |  |  |  | | --- | --- | --- | --- | | **ADULT’S NAME** | **Amount** | **Date Adult Acknowledged** | **ADULT’S SIGNATURE** | |  | $ |  |  |   ***d*** |

|  |  |
| --- | --- |
| **Total amount above as received by case and/or paid on case’s behalf** | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Member Signature** |  | **Date** |  |

*Copies of invoices, receipts and checks supporting the above disbursement(s) must be maintained in the case file. Once this completed form has been signed by the appropriate adult(s), a copy must be provided to the case and the original placed in the case file.*