**Adult Acknowledgement of Receipt of Direct Assistance (RF-35)**

*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/ MG Eligibility** | **Case Number or A#** |
|  |  |  |
| ***The direct assistance disbursement below is charged to***   ERMA  Reception & Placement  Matching Grant  PC | | |

**Direct Assistance Disbursements**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **R&P/ERMA Pocket Money or MG Cash Allowance Only** | |  |  | | --- | --- | | I acknowledge that I have received **R&P or ERMA Pocket Money or MG Cash Allowance** in the amount indicated below from my resettlement agency in  **CASH** or by  **CHECK(S)** # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |   ***PAYMENTS MADE BY CHECK: If one check contains R&P or ERMA Pocket Money for more than one adult, a staff member must take the case to cash the check and they 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. For MG Cash Allowance this is recommended, but not required.***   |  |  |  |  | | --- | --- | --- | --- | | **Adult’s Name** | **Amount** | **Adult Signature** | **Date Adult Acknowledged** | |  | $ |  |  | |  | $ |  |  | |  | $ |  |  | |  | $ |  |  | |  | $ |  |  | |
| **Other Direct Assistance Disbursements (R&P/ERMA, MG, PC)** | **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,** by  **CHECK #** |  | or by  **GIFT CARD #** |  | *(last 4 digits)* |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | I acknowledge that my resettlement agency disbursed the amount indicated below on my behalf to the | | | | | | vendor specified in  **CASH,** by  **CHECK #** |  | or by  **CREDIT CARD #** |  | *(last 4 digits)* |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Adult’s Name** | | **Amount** | **Adult Signature** | | **Date Adult Acknowledged** | |  | | $ |  | |  | | **PURPOSE:** |  | | |  | | | | **VENDOR:** |  | | |  | | |   ***d*** |

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

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