**Support Services Form**

Date\_\_\_\_\_\_\_\_\_\_ Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ramsey County Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First

**Support Services Have Been Approved for COVID19 Assistance to be used to: (Define Purchase Needs)** (i.e. slip resistant shoes, scrubs, job search clothing, gas to get to school, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistance Received**: Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Support Service Value $\_\_\_\_\_\_\_\_\_\_\_\_ Card/Certificate/Etc. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Service Value $\_\_\_\_\_\_\_\_\_\_\_\_ Card/Certificate/Etc. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Service Value $\_\_\_\_\_\_\_\_\_\_\_\_ Card/Certificate/Etc. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature/Date\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I authorize the agency to share my name with Ramsey County as necessary for Audit and Reporting purposes.

  **Support Services Form**

Date\_\_\_\_\_\_\_\_\_\_ Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ramsey County Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Support Service Value $\_\_\_\_\_\_\_\_\_\_\_\_ Card/Certificate/Etc. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Service Value $\_\_\_\_\_\_\_\_\_\_\_\_ Card/Certificate/Etc. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Service Value $\_\_\_\_\_\_\_\_\_\_\_\_ Card/Certificate/Etc. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature/Date\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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