Region 7E AMHI Regional Flex Fund – Laundry Card Receipt

PRINTABLE VERSION

1. Print the document
2. Cut it in half
3. Complete and sign one of the forms
4. Scan it to your County Representative
5. Keep the other half for next time, if needed

Region 7E AMHI Regional Flex Fund – Laundry Card Receipt

Participant Name: _____

County: _____

Card Number: _____

I acknowledge that I received the laundry card and/or that the funds approved have been made available to me for the purpose of doing laundry.

Participant Signature _____ Date _____

County Staff Witness _____ Date _____

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