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. I understand the program is through County Services only.

Participant Signature _____ Date _____

County Staff Witness _____ Date _____