Pocket Money Acknowledgment Form  Each adult case member should be given pocket money in congruence with the affiliate's pocket money policy upon arrival, and as needed for the first thirty (30) days or until public benefits are active, as required by the FY 2023 Cooperative Agreement. Signed acknowledgement of any cash given to clients in their R&P period must be kept in the case file as evidence of disbursement. Affiliates may choose to use this form or implement their own system.					
Principal Applicant Name			Case Number		
Total case size	# of adults	# of minors	Date of Arrival		
Date of Pocket Money Disbursement					
	Client Names		Amount Clien		t Signature
Client 1 Name:					
Client 2 Name:					
Client 3 Name:					
Client 4 Name:					
To be completed by affiliate staff					
Staff Name			Staff Signature		