



WINONA COUNTY COVID CARES PROGRAM
CLIENT RECEIPT
To be completed by case manager and signed by client.
Revised 10.12.20

I _____ received:
Client name – PLEASE PRINT

What did client receive (i.e. \$600): _____
Why did client receive it (i.e. rent): _____
When did client receive it (i.e. Jan. 1, 2019) _____

Client signature: _____ Date: _____

Case Manager signature: _____ Date: _____

Return completed form to Kalene Engel at kalene@engellawoffice.com