



Community Action of Southern Indiana (C.A.S.I.)

Receipt of Service Provider(s) Check(s)

I _____ am picking up the check for my service provider
Printed Name of Customer

_____. It is now my responsibility to deliver this check to my
Printed Name of Service Provider

service provider. I am aware that C.A.S.I. does not accept responsibility for this check after it is placed in my hands. If the check does not make it to my service provider, I am aware to contact the Emergency Relief Fund staff immediately. The Emergency Relief Fund Program staff will let me know what steps need to be taken. Please understand that this form gives the Emergency Relief Fund Program staff permission to contact your service provider(s) to discuss the reason for assistance, obtaining verbal/ written balance owed and payments received from you or other social service providers, and confirmation that your family can sustain the service using C.A.S.I.'s financial assistance.

Crisis Program Contact Information:

Maria Waters: Telephone Number: 812-288-6451 ext. 2111

Angelica Perez: Telephone Number: 812-288-6451 ext. 2173

Lynn Johnson: Telephone Number: 812-288-6451 ext. 2286

A copy of this form can be provided to you upon your request.

Customer's Signature: _____

Date: _____

Witness' Signature (IFDS): _____

Date: _____

C.A.S.I.'s Mission Statement: To support and empower families and communities striving to reach self-sufficiency.

In compliance with state and federal laws, Community Action of Southern Indiana will not discriminate on the basis of race, color, national origin, age, sex, veteran's status, sexual orientation, marital status or disability or other legally protected status.