



CRST PROTECTIVE PAYEE REQUEST FORM

AUTHORIZED STAFF

DATE: _____

IN PERSON BY PHONE

ARPA

TIME: _____

SSI

NAME: _____

CLIENT#: _____

ELDERLY

CLIENT'S REQUESTS

Client: What are you requesting this week?

Ampride/ Eagle Stop \$ _____

Lakota Thrifty Mart \$ _____

CR Gas/D&R \$ _____

Sturdevant's \$ _____

Family Dollar \$ _____

The Plains \$ _____

Frank Ganji True Value \$ _____

Villas Drug \$ _____

Other, Specify: \$ _____

Walmart (Pierre or Rapid City) \$ _____

Personal \$ _____

PLEASE NOTE!!! AMOUNTS OF \$100.00 OR GREATER, RECEIPTS ARE REQUIRED FOR PURCHASES MADE.

FAILURE TO TURN IN RECEIPTS WILL JEOPARDIZE YOUR CHANCES OF RECEIVING FUTURE REQUESTS

AUTHORIZED STAFF

Approved For Requested Amount \$ _____ \$ _____ \$ _____ \$ _____

Approved For Adjusted Amount \$ _____ Reason: _____

Denied For Requested Amount / Reason _____

APPLICANT SIGNATURE OR LEGAL REPRESENTATIVE:

DATE:

AUTHORIZED STAFF SIGNATURE:

DATE: