

ABH COPY

State of Connecticut
Department of Mental Health and Addiction Services
General Assistance Recovery Supports Program
Recipient Agreement

Recipient Name Encounter # EMS#
Voucher # (s) Total Value

Based on the outcome of your General Assistance Recovery Supports Program request you have been granted assistance with one or more of the following items/services:

Adult Clothing Personal Care Food Transportation Other

I understand the General Assistance Recovery Supports Program is here to assist me through my recovery. I further understand and agree that:

- Vouchers, gift certificates, shopping cards and/or bus pass/tokens will not be replaced if lost or stolen.
Vouchers will not be used for any items that are considered "NON-ALLOWABLE ITEMS".
Voucher must be signed in front of cashier at time of purchase.
Vouchers are only valid for 30 days from date indicated.
I will be ineligible for future requests if I misuse my voucher, gift certificate, shopping card and/or bus pass/tokens.

Recipient Signature Date
Authorization Signature (to release voucher) Date

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NON-ALLOWABLE ITEMS

Table with 3 columns: ALCOHOL, TOBACCO, MEDICATIONS; LOTTERY TICKETS, GIFT CARDS, ELECTRONICS; SWIMWEAR, PET FOOD, INFANT/BABY ITEMS