

## PARTICIPANT REIMBURSEMENT REQUEST FORM

Participant Name:	
<b>REQUEST INFORMATION</b>	
Item(s) being requested:	
1.	
2.	
3.	
Reason for request:	
By signing this Participant Reimbursement Request Form, I agree that the requested items are needed for participation and are not otherwise available for my use.	
_____	_____
Participant Signature	Date
<b>ELIGIBILITY</b>	
<b>THIS SECTION TO BE COMPLETED BY THE KEYS PROVIDER</b>	
Participant ID:	Activity Code:
Was a special allowance for these items requested and denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Items issued:	
By signing this Participant Reimbursement Form, I certify that all items were issued according to participant reimbursement policy.	
_____	_____
KEYS Staff Signature	Date
<b>PARTICIPANT RECEIPT</b>	
By signing the Participant Receipt, I certify that I received all participant reimbursement items I was found eligible to receive.	
_____	_____
Participant Signature	Date