

ONLINE CLIENT SATISFACTION SURVEY INCENTIVE RECEIPT

All Online Client Satisfaction Survey Incentives **must** be entered into the CPCDMS **at the time of distribution** to client.

Client must be registered in CPCDMS to receive an Online Client Satisfaction Survey Incentive.

AGENCY NAME:	
CLIENT NAME:	
CLIENT 11-DIGIT CPCDMS CODE:	

Online Client Satisfaction Survey Incentive

(Please indicate the completed survey service category and date completed below)

Survey Service Category _____

Date Completed (incentive earn date) _____

INCENTIVE NUMBER:
(on back of incentive)

I certify that I meet all the eligibility requirements and will not be use incentive to purchase alcohol, tobacco, illegal drugs, or firearms, or redeem for cash. I have received the item(s) identified above.

Client Signature

Date

Agency Representative

Date

THIS FORM MUST BE KEPT IN CLIENT'S FILE/CHART