

Sedgwick County Developmental Disability Organization Recipient Form

I, (Consumer Name):

on this _____ day of _____, 20

have received the following item(s) for my personal use:

I acknowledge that I am

☐ Satisfied

☐ Dissatisfied

If dissatisfied please describe why.

I understand that all items are my property and not the property of Sedgwick County or any service agency.

Signature Field

Address

City, State, Zip

Please return this form within 30 days of receipt of Incidental Consumer Support funding along with receipts to the CDDO. If the TCM agency has problems dispersing funds within 30 days please notify the Funding Committee.

Forms may be sent to:
SCDDO Operations
271 W 3rd St. N., Suite 500
Wichita, KS 67202

Fax: (316) 660-4911
Email: CDDOFinance@sedgwick.gov

