

**County of San Bernardino
Department of Behavioral Health**

**INCENTIVE CARDS
DISTRIBUTION TO PARTICIPANTS**

Cost Center: _____ Cost Center Name: _____

Name of Participant: _____ Date: _____

Check One:

- 1. Workgroup Age Specific _____ Meeting Date: _____
- 2. Community Focus Group Group# _____ Date: _____
- 3. Outreach* Geographical Area: _____ Location: _____ Date: _____
- 4. Training*

* As approved by the DBH Mental Health Education Consultant or designee

Remarks:

Name of Store	Incentive Card #	Amount of Incentive Card
		\$
		\$
		\$
		\$
	TOTAL AMOUNT OF INCENTIVE CARDS ISSUED:	\$

I acknowledge receipt of the Incentive Cards listed above, on this date, and I understand and agree that the Incentive Cards are not to be used to purchase alcohol, drugs or tobacco products:

Date: _____

Signed: _____

Print Name: _____

Office Use Only – Do Not Write Below This Line
DBH VERIFICATION OBTAINED ON (DATE) _____ **BY AUTHORIZING STAFF** _____

Supervisors Signature: _____