



Individual Needs Distribution Report – Form #5

Agency: _____ Amount Funded: _____ Date Funds Received: _____

| Date | Client Initials | Confidentiality Form Signed? | Impact Area * | Amount Total Allocated. | Amount Given | Amount Remaining |
|------|--------------------|---------------------------------|---------------|----------------------------|-----------------|---------------------|
|------|--------------------|---------------------------------|---------------|----------------------------|-----------------|---------------------|

*Impact Areas are: **Housing, Transportation, Education, Children’s Needs, Personal Needs, and Prevention.**
 List all that apply. If listing more than one area, note approximate percentage of total allocation for each area.

