

## For Commission Use Only

Date Submitted to Board of County Commissioners: February 19, 2018

**Reference #:** 19-011

**Request:** Rent

**Amount:** \$ 490.00

**Recommendation of County Assistance Officer:** Denied rent, failed to comply - MH

**Reference #:** 19-012

**Request:** Medical

**Amount:** \$ 300.00

**Recommendation of County Assistance Officer:** Approved Medical - MH

**Reference #:** 19-013

**Request:** Medical

**Amount:** \$ 873.49

**Recommendation of County Assistance Officer:** Approved, Medical - MH

**Reference #:**

**Request:**

**Amount:**

**Recommendation of County Assistance Officer:**

**Reference #:**

**Request:**

**Amount:**

**Recommendation of County Assistance Officer:**