

Please Copy/Paste onto your Organization Letterhead

Kentucky Opioid Response Effort (KORE)

GPRA Follow-up Incentive Receipt Form

Date: _____

I certify that _____ completed the required GPRA
(Printed Name of Recipient)

6-month follow-up interview on _____ and is therefore entitled to receive a
(Completion Date)

_____. This form acknowledges that the person referenced above is being
(Insert type and total of non-cash incentive)

issued card number _____ on _____ by the means indicated below.
(ITN) (Issue Date)

(Signature of Issuing Staff Member)

Issued In-Person

I acknowledge that I received the non-cash incentive / gift card that I am eligible to receive.

(Signature of Recipient)

Issued via US Mail to the following address:

