



INDIVIDUAL PARTICIPANT ORDER FORM

Please complete this order form and submit via email to your program manager to make purchases under UCP's new Individualized Participant Budget program. Learn more about this program here: <https://ucpsacto.org/programs-services/covid-19>. Only participants participating in Alternative Services in one of UCP's adult day or transportation programs are eligible. Each participant can request purchases up to \$50 per month on approved curriculum or essential supplies for the participant. Perishable items cannot be purchased. Purchases must be made by a UCP manager (no reimbursements) and funds do not roll-over. Delivery will be arranged by the UCP program and UCP transportation for all purchases. See the program FAQ for more information.

UCP PARTICIPANT NAME	RESPONSIBLE PARTY NAME	BEST EMAIL
	RELATIONSHIP TO THE PARTICIPANT	BEST PHONE NUMBER
	DELIVERY ADDRESS	

Place an X to the RIGHT of the UCP Programs you are participating in currently					
<input type="checkbox"/> UCP Transportation	<input type="checkbox"/> UCP TRII	<input type="checkbox"/> UCP Pathways	<input type="checkbox"/> UCP SAAGE	<input type="checkbox"/> UCP Woodland	
<input type="checkbox"/> UCP Odyssey	<input type="checkbox"/> UCP Discovering Options	<input type="checkbox"/> UCP EOS	<input type="checkbox"/> UCP San Juan AGE		

PPE REQUESTS	Deliveries of PPE are <u>free</u> and provided from UCP's own supply at no cost <u>while supplies last</u> .
<input type="checkbox"/> Masks <input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Gloves	

Order Information			
Item Name	Weblink* *Please copy and paste the weblink for the exact item below.	Item Price* Not including shipping & handling	Additional Information

TOTAL: _____

I Acknowledge the items I am requesting will be for use by the UCP Participant named above. I acknowledge the items above are being purchases as curriculum supplies (used to promote participation and growth of the Participant) or essential supplies (items related to the health and safety of the Participant).

Responsible Party Name	Signature	Date