



Goodhue County
Health and Human Services

Public Health Division
426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

MN Family Support Grant Mid-Year Addendum

Client Name:

Parent Names:

Initial Grant Award Amount:

Requested Increase Amount:

Basis of Need:

Letter Needed: (Yes or No):

Letter Received: (Yes or No or N/A):

Name of Item/Service	Agency/Vendor Name	Total Cost (including tax/fees/shipping)

Case Manager

Date

Parent/Guardian

Date