Customer:

* Date: \_

# Estimated Monthly Expenditures:

Rent/Mortgage

Food

Utilities Transportation Health Care

Child Care

Car Insurance

Telephone

Other Total Expenses $

# Estimated Monthly Income:

Wages

Food Stamps

Interest Child Sup/ Alimony

Soc. Sec. / SSI

Other Grants

Other

Total Income $ \_

Supportive Service Requested and Reason:

* Participants must submit a copy of their childcare provider's fee schedule which will be maintained in the participant's file. Participant's inability to obtain Child Care Resources will be documented with case notes and maintained in the participant's file. See Local Policy 6 for more information.
* If a participant needs computer, software, and other electronic devices **REQUIRED** for the training program please see Local Policy 6 and complete additional paperwork.
* To receive mileage reimbursement, participants must provide documentation showing; proof of vehicle insurance, valid driver's license, and vehicle registration. If the vehicle is owned by someone other than the participant, evidence of permission to use the vehicle must be provided. See Local Policy 6 for more information.

Approved Denied Estimated Amount Needed

Without Supportive Services assistance, I certify I will not be able to continue participation in the WIOA Program.

Customer Signature Date

Career Planner's Comments:

Career Planner Signature

Date

Program Manager Signature Date