

# Local Workforce Innovation Area #26 WIOA Supportive Services Needs Review

Customer: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Monthly Expenditures:

Estimated Monthly Income:

Rent/Mortgage \_\_\_\_\_  
 Food \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Health Care \_\_\_\_\_  
 Child Care \_\_\_\_\_  
 Car Insurance \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total Expenses \$ \_\_\_\_\_

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