

Needs Related Payments Weekly Verification of Income & Training

Participant Information

1. Name:	Last	First	M.I.
2. Home Address:	Street Address (Include Apartment Number)		
	City	State	Zip Code
3. Phone Number(s):	() -	() -	
	Home	Mobile	

Needs Related Payment Information

4. Needs-Related Payment Amount: \$ /week	5. Training Week Beginning/Ending: / / to / /
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Individual Assessment Questions:

6. Did you claim, or intend to claim any type of unemployment benefits for the training week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$ _____	
7. Did you receive any payments for full-time-work, part-time work, work experience, or work study for the training week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$ _____	
8. Did you receive TAA or Trade Readjustment Allowance payments for the training week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$ _____	
9. Were you enrolled in or receiving paid job training for the training week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$ _____	
10. Did you maintain full-time hours as defined by the training institute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, explain:
11. Did you maintain satisfactory progress as defined by the training institute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, explain:
12. Additional Comments:		

13. All of the answers and information are true and complete to the best of my knowledge. I have read, understand, and agree to comply with the policies for Needs Related Payments.

Participant Signature	Date
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14. To Be Completed By LWIA Case Manager

I have reviewed these policies with the participant, have determined their eligibility to receive Needs Related Payments, and have explained the procedures for collecting Needs Related Payments.

Career Planner Signature	Date
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