



Regional Equity and Recovery Partnership Participant Form

COUNTY LOCATION	
County:	Riverside San Bernardino
AJCC location:	

CUSTOMER INFORMATION	
Participant Name:	Last 4 digits SSN:
Date:	CalJOBS State ID #:
Select at least one target industry:	Homeless and Housing Insecure Justice-involved People with Disabilities Youth Veterans First-generation college students (Self-attestation) Residents of Low-Income/Disadvantaged Communities (Census-Tract link)

COLLEGE INFORMATION			
College participant will attend:	Barstow Chaffey/Chaffey In-Tech College of the Desert Copper Mountain	Crafton Hills Mt. San Jacinto Moreno Valley Norco	Victor Valley Victor Valley/High Desert Training
Post-secondary Education	Yes No	Registered Apprenticeship	Yes No
Start Date:	End date:	Student ID #:	

NON-WIOA ITA INFORMATION EMT/PARAMEDIC	
Description	Response
What training is participant going into?	Emergency Medical Technician (EMT) Paramedic
Enrolled/Grant code	Yes No Code:
CalJOBS Activity Code	328 for EMT or Paramedic
Training justification	Yes No N/A
Title of the training program	
Program requirement documentation provided	Yes No
Client Release Form	Yes No

NON-WIOA TRUCK DRIVING INFORMATION		
Description	Response	
DMV Fee	Yes No	Dollar Amount:
Dept. of Transportation Drug Test Fee	Yes No	Dollar Amount:
Additional Fees:	Yes No	Dollar Amount:
Supportive Service Authorization Form submitted	Yes No	Total Dollar Amount:
Supportive Service Activity code entered in CalJOBS	Yes No	

INDUSTRIAL MAINTENANCE MECHANIC/MACHINING INCENTIVE		
Description	Response	Date of Request
Participant Incentive Request form	Yes No	
\$250.00 - Job Offer	Yes No	
\$750.00 - 30 Days of Employment	Yes No	
\$750.00 - Six months of Employment	Yes No	
Employer Name		
Employer Address		



RIVERSIDE COUNTY INFORMATION			
Staff Name:	Staff Phone Number:		
Staff Email Address:			
Supervisor/Manager Name:	Approved:	Yes	No
Supervisor Signature:			

SAN BERNARDINO COUNTY USE SECTION		
ITA DocuSign completed	Yes	No
CalJOBS Activity Code and Grant Code entered	Yes	No
Supportive Services form submitted	Yes	No
Submitted to Fiscal	Yes	No

ADDITIONAL COMMENTS	