



REQUEST FOR SUPPORTIVE SERVICES

EVAJCC

HDAJCC

WVAJCC

Adult

Dislocated Worker

Youth

Other: _____

Service Level for THIS supportive service

Basic (Core)

Individualized (Intensive)

Training (ITA, Non-ITA, or OJT)

Follow-Up

Issuance/Invoice Date: _____

Issuance/Invoice #

Customer Name: _____

Activity Number: _____ Last 4 SS#: _____ State ID #: _____

Description of Service and Reason for Request:

Per month: \$ _____ One-time Purchase: \$ _____ Total Amount Requested: \$ _____

Period Covered: From: _____ To: _____ Maximum CalCard Amount Approved by Supervisor/Manager: \$ _____

Justification:

If this item is assisting w/training (ITA or Non-ITA), is it necessary for training completion, required by all students in the training, and documented as such by the provider in the case file? *(Supporting documents must be attached)*

Yes, counts towards 30% expenditure

No, will not count towards 30% expenditure

N/A (transportation assistance)

Type: _____	Reimbursement	Voucher	Other _____
Starting #: _____ Ending #: _____	Payable to: _____		
Amount: \$ _____	Address: _____		
	City: _____ State: _____ Zip: _____		

Issuer Signature

Print Name

Date

I certify I am not receiving duplicate assistance and that these services are not available to me from other sources. I agree to report any changes in my financial status and I will be responsible for any costs exceeding the amount approved or not supported by proper documentation.

Customer Signature: _____

Date: _____

I certify this WIOA customer has been interviewed and an assessment has been made to determine the availability of these services and/or assistance from other sources. It is recommended this request for services be approved.

Staff Signature

Print Name

Date

Supervisor Signature

Print Name

Date

Actual CalCard Charge \$ _____

Denied Remarks: _____

Manager Signature

(Over \$1,000, Travel Reimbursement or Metro Link)

Print Name

Date

Deputy Director Signature

(Over \$1,000 or Metro Link)

Print Name

Date

Fiscal Use Only

Verified By Print and Sign: _____

Date: _____

Fiscal Unit