



Supportive Services Request

290 North D Street, Suite 600
San Bernardino, CA 92415
(909) 387-9859

Organization:

Category:

Program Year:

State ID #:

Activity Code:

Supportive Services [Check all that apply]: Bus Pass Gas Card Clothing Shoes Books & Materials

Total Cost:

Bus/Gas Card #:

Others:

Supportive

Services: \$

Purpose(s):

Incentives: \$

Purpose(s):

Incentives

to Date: \$

Purpose(s):

I hereby certify that I need the supportive services indicated to enable me to participate and successfully complete the training program or that I have earned the above stipend. Under penalty of perjury, I also certify that I am not receiving any other financial resources to pay for these services.

Por la presente certifico que necesito los servicios de apoyo indicados para permitirme participar y completar con éxito el programa de capacitación o que he obtenido el estipendio anterior. Bajo pena de perjurio, también certifico que no estoy recibiendo ningún otro recurso financiero para pagar estos servicios.

Participant Name - Print

Nombre del participante - Imprimir

Sign
Firmar

Last 4 SSN/
Los últimos 4 SSN

Date/Fecha

APPROVAL

I hereby certify that the WIOA participant has been interviewed and considered for receiving the Supportive Services indicated above. The Supportive Services shall be used only for those services which are essential to help a participant to obtain employment or participate in a training program.

Program Coordinator (Print & Sign)

Date

Authorized Personnel (Print & Sign)

Date

ACKNOWLEDGEMENT of DELIVERY

I hereby certify that the Services have been distributed and received by the participant in the amount of \$_____.

Distributed By (Print & Sign)

Date

Participant (Print & Sign)

Date/Fecha

Nombre del participante (Imprimir y firmar)

**Note: Supportive Service must be submitted with a copy of the receipt or a gift card copy (card number must be displayed clearly). Contractors must maintain the original receipts, copy of the paid checks and relevant financial records for verification purpose at any time. If a participant signature is not available, please indicate the deliver method (e.g. mail, direct deposit,...)*