

**Supportive Service Request Form**

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARTICIPANT ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARTICIPANT E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUNDING SOURCE: TANF  ADULT  DW  ISY  OSY

Other  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have exhausted all reasonable means of acquiring the requested supportive service(s) from other sources and the assistance is necessary for my continued participation in program activities. Initial: \_\_\_\_\_\_\_

I understand that a referral for supportive service(s) does not guarantee or entitle me to receive supportive service(s) at this time or anytime in the future. Initial: \_\_\_\_\_\_\_

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**Supportive Service Requests**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completed by Career Agent** | | **Completed by Supportive Services Staff** | | | |
| Enter the service(s) requested and why they are necessary | Amount  Requested | Outcome | Amount  Provided | Date  Due | Date  Received |
|  |  | Approved  Denied |  |  |  |
|  |  | Approved  Denied |  |  |  |
|  |  | Approved  Denied |  |  |  |

I understand that I must submit receipts and/or documentation for the purchases and services that I have received. Receipts must match the approved amount(s) and must be delivered to the Supportive Services Staff by the due date. Initial: \_\_\_\_\_\_\_

I understand that future supportive services will not be provided until all overdue receipts/documents are submitted to the Supportive Services Staff. Initial: \_\_\_\_\_\_

**PARTICIPANT ACKNOWLEDGEMENT**

ON THIS DATE, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECEIVED THE CARD(S) PICTURED BELOW. I UNDERSTAND THAT A REPLACEMENT *WILL NOT BE ISSUED* IF THIS CARD IS LOST, STOLEN, OR DAMAGED.

PARTICIPANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAREER AGENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR SIGNATURE (AS REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTOCOPY OF DISTRIBUTED CARD(S) WITH SERIAL NUMBER VISIBLE BELOW THIS LINE