Lower Savannah Workforce Development Area

WIOA REQUEST FOR SUPPORTIVE SERVICES ASSISTANCE

WIOA Funding Stream: None

WIOA Participant: _____ State ID# _____

WIOA Participation Date: _____

WIOA Career Services Date: _____ WIOA Training Date: _____

Career Service End Date: _____ Training End Date: _____

FOR YOUTH ONLY

Follow-Up Start Date: _____ Follow-Up End Date: _____

Current quarter of follow-up services: _____

Statement of Need: _____

Dollar Amount	

The ability to make supportive services payments on behalf of any WIOA participant is based on the availability of WIOA funds.

WIOA Participant's Signature: _____ Date: _____

I have reviewed this Request for Supportive Services Assistance for its accuracy, completeness, and appropriate documentation. To the best of my ability, I have also made myself aware of this WIOA Participant's special circumstances which resulted in this Request for Supportive Services Assistance.

I further recommend this Request for Supportive Services Assistance be:

_____ Approved and the following Vendor be authorized to provide applicable assistance/services to the WIOA Participant

Vendor Name & Address: _____

Vendor Contact Person: _____ Phone #: _____

_____ Disapproved for the following reason(s):

_____

_____

_____ *Program Status (i.e., in training, waiting to soft exit, in follow-up, etc.)*

Case Manager's Signature: _____ Date: _____

Activity/Program Director's Signature: _____ Date: _____

In the event of a WAIVER: Forward this form for Supportive Services Assistance to the LSWDA WD ADMINISTRATOR along with the program manager's written endorsement and a clear basis for recommending that it be APPROVED.