

July 1, 2008

To: Program Managers, SETA-Funded WIA Service Providers, Site Supervisors,
Sacramento Works Career Centers (SWCCs)

From: Kathy Kossick, SETA Executive Director

RE: **FINANCIAL ASSISTANCE AWARD DIRECTIVE (Grant Code 201 only)**

Purpose:

This directive defines policies and procedures for career center services in which WIA Adult funding (Grant Code 201 only) is awarded or provided to enrolled customers for **Training, Supportive Services or Incentives**. The procedures are consolidated in a single directive so that financial assistance information is organized in a consistent manner.

Background:

On July 1, 2008, the Integrated Service Delivery Model Learning Lab will be implemented throughout the Sacramento Works Career Center system. The transition to the new integrated system necessitates substantial changes to existing policies and procedures in order to serve an increased number of customers that will be eligible for financial assistance.

The goal of the new financial assistance procedures is to minimize the amount of staff time devoted to accountability, reporting demands, and compliance, thereby allowing front line staff the ability to concentrate on the delivery of services. The maximum amounts allowed for scholarships and support services have been reduced in order to have sufficient funding to serve a greater number of customers.

Financial assistance may be available to customers that have met the established criteria for each type of service as detailed in this directive.

I. SCHOLARSHIP AWARD POLICY

The components of the Scholarship Award Application are designed to help customers so that they are prepared for employment or training. Coaches will review Scholarship Applications with the customer before a decision to pursue WIA-funded training is made, and will coach customers through their research and decision-making process. **The maximum amount awarded for a scholarship is \$2,000.**

The Scholarship Award application may be used after an initial assessment, skill review and action plan have been developed and a coach has determined:

- The customer is unemployed, employed in a low-skilled job with low earnings and possesses minimal skills, or is dislocated from employment and needs training to obtain/retain employment.
- When a customer has completed vocational career assessments, researched the demand occupations in the labor market, and identified appropriate education and training providers.

If training is determined to be appropriate, the Scholarship Award Application process will be initiated. The customer and coach will review the Eligible Training Provider List (ETPL), the Local Training Provider List (LTPL), and the most recent Scholarship Report that lists training provider performance, for potential training program selections. Should a customer choose a training program that is not on the LTPL, the coach will forward a completed, "ETPL Referral" fax to the appropriate SETA staff person who will initiate the LPTL contracting process.

Upon completion of the Scholarship Award Application, the information will be submitted to the Site Supervisor for approval. If the application is approved, the coach will notify the customer and enroll the customer in the training program using the **Service Agreement (Attachment 1)** that has been signed by the customer, coach, Site Supervisor, and training provider.

APPROVAL OF A SCHOLARSHIP AWARD

A WIA-funded Scholarship Award will be provided through the Sacramento Works Career Centers for customers who are in need of training to successfully enter the labor market. The following criteria must be met prior to approval of a Scholarship Award:

1. ***Completion of the Scholarship Application.*** The Scholarship Award may be funded when the Scholarship Application has been completed. The Scholarship Application must include the customer's research and assessment results of career choice and training provider, and must address any child care, transportation, or financial needs during training.
2. ***Completion of a Financial Needs Assessment.*** All applications must be accompanied by a **Financial Needs Assessment form (Attachment 2)**, which shows the customers' ability to support themselves while attending the training. The financial needs assessment may be completed on-line by the customer using the Self-Sufficiency Calculator at WWW.INSIGHTCCED.ORG (see Product Box/Financial Literacy).

3. **Research Other Sources of Financial Aid.** Customers must research the availability and contribution of other financial assistance, training resources and financial aid grants, including Pell Grants.
4. **Meet Local Labor Market Demand.** Approval of Scholarship Awards will be for occupations on the Sacramento Works Critical Occupations list. If the training is not for an occupation on the list, the customer must document local labor market demand.

When the coach determines that training services are needed and appropriate for the customer, a proposed training plan will be developed. The plan will demonstrate that the training program selected appears to be a good match for the applicant, as well as being appropriate for the labor market and the target wage. The coach will provide a summary of the completed Scholarship Award application to the site supervisor for approval and funding of the Scholarship Award.

The Scholarship Award Application should be completed within 30 days.

USE OF THE SCHOLARSHIP AWARD FOR DISTANCE LEARNING/TRAINING

Distance learning/training may employ correspondence study, audio, video or computer technologies. This is a formal interactive educational process in which the majority of the instruction occurs when student and instructor are not in the same place.

The two key purposes to be served are: (1) to expand the options of study and flexibility available for students who desire to complete programs and/or course work through distance learning/training delivery and (2) to increase access for individuals who might not otherwise have these opportunities.

The ability to monitor attendance and progress is a primary concern when approving the use of distance learning/training. A means of communication via electronic media must be established where the instructor can ask questions of the students and the students can respond and ask questions of the instructor.

The customer must meet the following conditions prior to approval of distance learning/training course:

- ✓ The customer is motivated/self-disciplined and has skills in time management and organizational ability, **and**
- ✓ The customer has basic knowledge of a computer/ the Internet, the installation of programs, Web browser, ability to send/receive emails with attachments and is familiar with Microsoft Word or other word processing program, **and**
- ✓ The customer has (or has access to) equipment preferably with a high-speed connection (digital, DSL, or T1) and a sound card (speakers, headphones and a microphone might also be required) and has the technical expertise required for distance learning or
- ✓ The customer is taking part in distance learning programs offered on site at the Sacramento Works Career Centers.

Approval of distance learning/training may be considered when the training program:

- ✓ Is on the ETPL and/or the LTPL (vendor has contract with SETA) **and**
- ✓ Provides regular progress reports to coaches, **and**

EXHIBIT K

- ✓ Upon successful completions leads to a certificate, associate degree, baccalaureate degree or the skills/competencies needed for a specific occupation.

These conditions ensure participation in training and, also, provide staff with a means to monitor a student's participation and progress.

Distance learning/training programs that lack immediate and interactive feedback between student and instructor and that lack regular progress reports to coaches shall not be approved for scholarships.

**SACRAMENTO WORKS CAREER CENTER
SCHOLARSHIP AWARD APPLICATION**

Sacramento Works wants to help you meet your career goals!

The career center coach will make funding recommendations based on your application.

Please let your coach know if you need any assistance to successfully complete this scholarship application.

Scholarships will be awarded only for occupations for which there is a local labor market demand, or a demand in an area to where the customer is willing to relocate.

When you have completed your application, please contact your coach. Together, you will determine if your application is ready to be submitted for approval. Your Scholarship Award Application should not exceed two pages and should include all of the following information:

- A. Your name
- B. Career Center
- C. Occupation you want to train for and why you have chosen it. Include a description of research you have completed that support your decision
 - career assessment results,
 - training provider research, and
 - Workforce Intelligence (Labor Market) research
- D. Why you feel you are a good candidate for this career field.
- E. What you will do to make sure you successfully complete the training. State the circumstances that would prevent you from completing the training.
- F. Childcare needs.
- G. Transportation needs.
- H. If you are considering distance learning, describe your knowledge of basic computer programs and your access to equipment required for distance learning.

II. SUPPORT SERVICES POLICY

Support services may be provided when necessary to enable an enrolled individual to participate in job search, training, or other career center activities. Career center coaches and SETA subgrantees are instructed to utilize this directive in determining whether supportive services are necessary. Coaches must ensure that all customers requesting supportive services are enrolled at the time supportive services are provided.

Allowable Support Services:

Support services will not be provided to customers that are enrolled in WIA training funded through a career center scholarship. If a customer is enrolled in free or low-cost non-WIA training, they will be eligible for support services. Support services will be provided to enrolled customers in the form of scrip for transportation, work clothes, tools, food, and ancillary/emergency services, as determined by career center coaches. Bus passes may be provided to customers without a viable means of transportation. Each career center will maintain a supply of scrip and bus passes for support services that will be replenished and reconciled at least monthly. One-time rental assistance and child care assistance will be available only under exceptional circumstances and on a very limited basis. A limited amount of emergency support service funds will be maintained by each site supervisor for clients enrolled in WIA-funded training who are unable to participate or complete training because of an emergency or crisis. The process for provision of these services is described in Section B of this directive.

Maximum Support Service Award:

An initial amount of \$500 may be obligated to customers for support services, both cash and non-cash, where need is shown and justification is documented. If a coach determines that a customer is in need of additional support services, an additional amount, up to \$500, can be provided with the written approval of the SETA Regional Manager or Deputy Director. The total amount of payments for support services will not exceed \$1,000.

Justification to Provide Support Services:

The provision of scrip and bus passes as support services must be justified by the career center coach and approved by the site supervisor. Documentation as to the need/justification for the support service will be written in Section 7, Support Services/Training Costs or Section 10, Justification and Planned Services, of the **SMARTware Training/Financial Assistance Template (Attachment 3)**. Documentation of the provision of scrip support services will be bar coded into the SMARTware system for each \$25 scrip card provided. There is no method in SMARTware to automatically calculate the total provided; therefore, coaches should review the Training/Funding Justification Template in SMARTware each time a support service is provided to ensure that the caps for each support service identified in this directive are not exceeded.

Customers requesting supportive services with the assistance of the coach, must first research and apply for alternate sources of assistance (and document Section 8 Alternative Funding Sources Addressed in the SMARTware Training/Financial Assistance Template. On-line resources for supportive services include the Self-Sufficiency Calculator for social assistance programs, the Central Eligibility List for subsidized child care programs (www.childaction.org/theceldotnet/Sacramento.asp), and InfoLine Sacramento (211 or www.infoline.org) or the Sacramento Community Resources link on SETA's website (www.seta.net). If the need is not met by other resources, the customer may be provided

support services. A Financial Needs Assessment form is not required for the provision of scrip or bus passes.

Any of the maximum amounts for, or restrictions on, specific support services listed below may be exceeded or waived only with the express written approval of a Regional Manager or the Deputy Director.

A. SCRIP/BUS PASS SUPPORT SERVICES

Scrip can be used for the following support services:

- Work Clothing (Sears)
- Work Tools (Sears)
- Transportation (Shell)
- Food (Raley's/Bel Air)

In addition, a supply of daily RT bus passes can be ordered.

Documentation:

SETA must receive original receipts for all expenses paid for with scrip.

SETA has requested approval from the State of California to reimburse with for support services of \$25 or less in value without original receipts. This will not become effective until SETA receives state approval.

Stipulations:

Transportation:

Transportation assistance is allowable for enrolled customers. Daily bus passes or scrip in \$25 increments for up to \$100 per month is allowed for transportation. A maximum total amount of \$100 for transportation support services is allowed. Transportation scrip will be documented by the number of visits to the career centers (minimum of 3 visits per \$25 scrip) or a mileage log. If it is determined that more than \$25 per week is required, receipts and mileage logs must be completed prior to the provision of the support service.

Work Clothing, Tools, and Food:

Scrip can be used for work clothing and tools that are required by the school or employer and can be used for food for customers without adequate nutritional resources. A maximum amount of \$100 per type of support services is allowed. Original receipts will be required.

Process:

Ordering Scrip and bus passes:

The initial order and any subsequent increases of scrip and bus passes will require a SETA requisition that is signed by the site supervisor, the regional manager, and the deputy director and forwarded to the SETA Fiscal Department for approval. The amount of scrip and bus passes to be ordered will depend on the estimated number of clients to be served in a one month period. The initial supply of scrip will be accompanied by the **SETA Fiscal Transmittal form**

(Attachment 4) listing each scrip and bus pass by number. The value of scrip and bus passes ordered will be obligated from the ITA/Scholarship account of the requesting career center.

Replenishing Scrip:

To replenish the scrip and bus passes, the SETA Fiscal Transmittal is returned to the SETA Fiscal Department at least monthly with any required supporting documentation. The customer's signature is required on the Fiscal Transmittal Form, acknowledging receipt of the scrip/bus pass. The amount of scrip and bus passes distributed will be deducted from the career center's ITA/Scholarship account. When replenished, a new obligation will be entered for any additional scrip issued. A replenishment schedule will be established by the Fiscal Department.

B. OTHER (NON-SCRIP) SUPPORTIVE SERVICES

Other allowable supportive services may be available if there are exceptional circumstances that have been adequately justified and approved by the SETA Regional Manager or Deputy Director and supported by the results of a Financial Needs Assessment. They are:

- Rental Assistance
- Child Care Assistance
- Ancillary or Emergency Support

Ancillary or Emergency Support Services that have been adequately justified and documented in SMARTware will be available. Approval by the SETA Regional Manager or Deputy Director is not required for Emergency Support Services.

Stipulations:

Rental Assistance:

A one-time payment of \$500 is allowable for rental assistance. Alternative sources of housing and/or support (including rental assistance, housing application fees and related rental costs) must be researched prior to providing assistance. A Rental Verification Form (Attachment 5) must be completed and signed by the property owner/manager or their representative(s), reflecting the required amount of payment and due date. The coach must verify the information on the Rental Verification Form. Alternate or unusual living situations (renting from a relative) must be explained on the comment section of the Rental Verification Form.

Child Care Assistance:

A one-time, one month's payment not to exceed \$500 is allowable for Child/Dependent Care Assistance. Alternative sources of child care must be researched prior to providing assistance. The Child/Dependent Care Verification Form (Attachment 6) must be completed and signed by the care provider, and must state the billing rate, time frame, payment arrangements, and information on the provider.

Ancillary or Emergency Support Services:

Ancillary or Emergency Support Services may be provided to customers in WIA funded training. Ancillary Services are services and items that are necessary for a customer to successfully enter and complete training or work, including books, fees, uniforms, or tools. In addition, each career center will have access to emergency support services that will be included in the center's ITA/Scholarship allocation. These funds will be used for customers in WIA-

funded training who find themselves in a crisis or an emergency that would prevent them from participating or completing the training program. The funds can be used only if it has been determined that there are no other resources available to address the customer's emergency and the need for services must be documented in SMARTware. Payment for the support service should not exceed \$500 per customer. Allowable Emergency Support Services include vehicle repair, medical attention, prescription medications, housing, and utility shut off prevention assistance. The use of scrip for food (Raley's/Bel Air) and transportation (Shell) may be used on an emergency basis for customers in training. Any other emergency support services must have prior authorization from the Regional Manager or Deputy Director.

Process:

Determination of Financial Need:

After all requirements noted above are met, the customer must complete a **Financial Needs Assessment Form (Attachment 2)** or complete the Self-Sufficiency Calculator. A customer's financial needs must be reviewed each time an additional amount is obligated. If a change in circumstances results in a change in customer need (e.g., customer's income increases), then a new Financial Needs Assessment must be completed.

The Self-Sufficiency Calculator or the Financial Needs Assessment form may be used to determine a customer's financial need. The customer must list all income (including checking and savings accounts) and the following expenses: housing, vehicle payments, insurance, utilities, dependent care, child support, loan and credit card payments. A coach must document the results at the bottom of the assessment, and record the outcome in SMARTware. If final calculations result in a "negative" balance (i.e., expenses exceed income), coaches may consider providing the supportive service(s) requested. However, if final calculations result in a "positive" amount, coaches must document the special circumstances justifying the provision of the supportive service(s) requested.

Submission of forms to the Fiscal Department:

Coaches requesting non-scrip support services must submit a **Financial Assistance Form (Attachment 7)** to the SETA Fiscal Department along with all appropriate signatures, verification forms, and receipts or invoices. If receipts are lost or cannot be obtained, a Lost/Missing Receipt Declaration report (Attachment 8) must be completed and submitted with the request for support services.

A **SETA Fiscal Transmittal (Attachment 4)** must accompany all requests for non-scrip support services. Each transmittal must indicate the project name, the SWCC (if applicable), and the grant number to which the disbursement will be charged. Each request identified on the SETA Fiscal Transmittal must also include the customer's name, social security number, amount, name of coach, check number and check issuance date. If there are questions about the claim, an Accounting Technician will contact the coach or their supervisor for clarification and may request that additional documentation be provided. The non-scrip support services reimbursement process may take up to seven (7) working days to complete. Checks are processed each week and will be available for pickup at the Fiscal Department every Tuesday after 8:00 a.m., except holidays.

If you have questions regarding the support service policy, please contact the following:
Program Questions-Pam Hartley, Patty Perez, or Cindy Sherwood-Green
Fiscal Questions- Joan Kidwell

INCENTIVE POLICY

Incentives are intended to encourage customers and acknowledge attainment of predetermined benchmarks and goals. Incentives are not supportive services and should not be used in lieu of supportive services.

Incentive Procedures:

- Non-cash benchmark incentives (scrip) may be provided to enrolled customers.
- Customer must have a MAP (My Action Plan) completed with benchmarks and goals noted.
- Documentation of the Incentive award will be written in the **SMARTware Training Financial Assistance Template (Attachment 3)**.
- Non-cash incentives may be given to a customer for attainment of the following goals:
 - Completion of vocational training (Documented by Certificate of Completion)
 - Completion of skill development training (Documented by SMARTware Printout)
 - Attainment of employment (Documented by SMARTware Printout/New Employment Update form)
- The request for Incentive must be signed by the coach and SWCC site supervisor.
- The customer’s signature is required on the payment receipt.
- Incentives may not exceed the \$100 per customer

The following is a listing of allowable benchmarks and appropriate supporting documentation:

Allowable Benchmark	Appropriate Documentation	Amount
Education/Training Course completion/Certification	Certificate/Diploma	\$50
Workshops (minimum of 20 hours)	Certification of completion or SMARTware printout.	\$25
Job Placement	Copy of job offer, first pay stub, SMARTwaare printout/New Employment Updatate form.	\$50

The customer can choose the type of scrip for the incentive earned. Types of scrip available are Sears, Raley’s/Bel Air and Shell.

Incentives must be program-related with the appropriate funding indicated on the Financial Assistance Form. Distribution of incentives must follow program guidelines and be supported by appropriate documentation prior to being distributed. Custody of incentives is limited to designated individuals and must be kept in a secure, locked location.

Refer to Section II A under Support Services for ordering and replenishing scrip.

SERVICE AGREEMENT

This plan is designed to establish a plan of action that encompasses employment, training and/or specialized service activities necessary for ensuring a customer's entry into and/or maintenance of unsubsidized employment.

NOTE: The information included in this plan represents a general plan of services and is not an entitlement to such services or a contract between the participant and the SETA program.

CUSTOMER NAME: _____

SS # _____

(Please Print Legibly)

COACH NAME: _____

(Please Print Legibly)

COACH PHONE: _____

CAREER CENTER: _____

FUNDING CATEGORY:

Adult Other

SERVICE CATEGORY:

ITA

SERVICE INFORMATION

 1st 2nd 3rd PLAN MODIFICATION WIA Enrollment/Registration Case #: _____

SERVICE PROVIDER: _____

ADDRESS: CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

PLANNED SERVICE: _____

SUBJECT/COURSE: _____

DAYS/HOURS: _____ START DATE: _____ ESTIMATED COMPLETION DATE: _____

Customer is eligible for and/or receiving financial aid through Educational Assistance Funds (EAF)? YES NO

EXPENSE SUMMARY

TUITION	\$
MATERIALS	\$
REGISTRATION FEE	\$
TEST FEES	\$
OTHER	\$
TOTAL COST	\$0

FUNDING SOURCES

ACQUIRED GRANT(S)		\$
	(Type of Grant)	
STUDENT LOAN(S)		\$
	(Type of Loan)	
CUSTOMER CONTRIBUTION		\$
SETA CONTRIBUTION		\$

REFUND POLICY: SETA retains exclusive rights to all monies expended on behalf of any program customer for the sole purpose of providing retraining, assessment, and/or counseling or "other" services as identified as to ensure successful completion of a prescribed service which is intended to effectuate, on a long/short term basis, the acquisition and/or maintenance of unsubsidized employment for that customer. Subsequently, monies returned or refunded to a customer for unused services or goods, remain the property of SETA and must thereby be surrendered to SETA.

The undersigned hereby acknowledges that they have reviewed and understand, and that they have received a copy of the contents of this entire document. Furthermore, this document is for the purpose of memorializing the information contained herein. This document does not create any contractual obligations on behalf of SETA, other than to establish compliance with STATE regulation.

Customer Signature: _____ Date: _____

Coach Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Vendor Signature/Title: _____ Date: _____

FINANCIAL NEEDS ASSESSMENT

This form must be completed by customers applying for non-scrip supportive services.

Indicate all current sources of household income and expenses or attach printed version of self-sufficiency calculator results.

(A) SOURCE OF INCOME	Monthly Income	
	Others in Household	Customer / Applicant
Wages	\$	\$
Unemployment Insurance Benefits Expiration Date:	\$	\$
Retirement Benefits	\$	\$
Public Assistance (<i>TANF / GA / Food Stamps</i>)	\$	\$
Disability Insurance Benefits	\$	\$
Workers' Compensation	\$	\$
Rental Property	\$	\$
Other (<i>Specify</i>):	\$	\$
Income Sub-Total	\$ 0.00	\$ 0.00 }
Combined Total Household Income (A)		\$ 0.00

(B) SOURCE OF EXPENSE	Monthly Expenses
Housing (<i>Mortgage / Rent / Tax / Insurance / Association Dues</i>)	\$
Utilities (<i>Gas / Electricity / Telephone</i>)	\$
Property Maintenance (<i>Water / Sewer / Garbage / Repairs</i>)	\$
Automotive Maintenance (<i>Payment / Insurance / Gas / Tune-ups, etc.</i>)	\$
Public Transportation	\$
Food	\$
Child / Dependent Care	\$
Personal Care (<i>Entertainment / Clothing / Hygiene, etc.</i>)	\$
Credit card(s) (<i>Minimum Payment</i>)	\$
Other (<i>Specify</i>):	\$
Total Expenses (B)	\$ 0.00

Total Bank Account Balances (<i>Checking & Savings</i>)	\$
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I do hereby attest that all the information provided on this financial assessment document is true and accurate to the best of my knowledge and that I do furthermore grant the Sacramento Employment and Training Agency (SETA) the right to verify the accuracy of all information provided in this process as they may deem appropriate and necessary.

Customer's Signature

Please Print Name

Date

FOR OFFICE USE ONLY

Combined Total Household Income (A) \$ 0.00

Subtract Total Expenses (B) \$ 0.00

Balance (A - B) \$ 0.00

Is financial need established? Yes No

Comments:

Training/Financial Assistance Template User Reference Guide

- This template serves as an IEP and to justify financial obligations for customers who will receive paid training, supportive services, and SCRIP.
- This template will be found on the K drive, Integrated Services, Development-Marketing. Feel free to cut and place it on your desktop or in a folder for your use. When you use the form, you will paste it in SMARTware under Customer Profile task line.

Field	Notation
1. CURRENT SITUATION a. Age b. Family c. Living Situation	Provide a general profile of the customer including their (a) age; (b) family status refers to marital status and - if they are a parent - possible childcare issues and family supports; also (c) living situation which may refer to whether they have stable housing, if they rent or own a home, if they are homeless or in temporary housing, etc.
2. GENERAL WORK EXPERIENCE	This field should coincide with their SMARTware application and reflect primary occupation, current and recent work history.
3. EDUCATION a. High School/GED b. College/Degrees c. Licenses/Certificates d. Training Background	This field should include the level and completion dates of any education and/or training the customer has benefited from. (a) If they do not have a HS Diploma or GED, or (b) attended some college but didn't get a degree, what is their last grade or length of time completed, program of study (for post high school). (c) License/Certification refers to any training program that results a license or certification, or other credential that is not a degree. (d) Training may include OJT but can include other information not represented in a, b, or c.
4. ASSESSMENTS/RESULTS	Record the type of assessment used and results. This may include interest, basic skills and other assessment tools use at the career center.
5. ASSETS	Include customer assets and resources including monetary, family or community supports, employment and training related experiences, skills and others things identified by you and/or the customer as beneficial in finding and sustaining employment.
6. BARRIERS	What are the obstacles in the customer's path to finding and sustaining employment? This field may include the lack of sufficient supports, income, education, work history, child support, transportation and other issues identified by you and/or the customer as impeding their ability to find and sustain employment.

<p>7. SUPPORT SERVICES/TRAINING COSTS</p> <ul style="list-style-type: none"> a. Income/Expenses b. Support Services c. SCRIP d. OJT/Vocational Training 	<p>Based on information gathered from the customer, calculate the household income and expenses using the Financial Needs Assessment form or the Self-Sufficiency Calculator and record the results in (a); include the cost of Supportive Services (b) and Scrip (c) ; and OJT/Vocational Training (d). Refer to the Financial Assistance Award Directive for details, directions and allowable costs and caps.</p>
<p>8. ALTERNATE FUNDING SOURCES ADDRESSED</p>	<p>If customer is receiving paid training, record other sources of funding that were explored and applied for. This may include institutional funding, Pell and Cal Grants, Web Grants, Chafee (for Youth), FFEL, CTB, and the customer's personal ability to pay or subsidize funding. <i>The FAFSA simultaneously applies for multiple funding sources but many of these resources may not apply to some of the training programs.</i></p>
<p>9. GOALS</p> <ul style="list-style-type: none"> a. Short Term b. Long Term 	<p>Record the customer's short and long term employment/training goals? Short term goals may include the self-assigned tasks, research workshops and other CC activities.</p>
<p>10. JUSTIFICATION & PLANNED SERVICES</p>	<p>This field is a brief narrative of the approved services and the agreed upon action plan. It includes pertinent information not stated somewhere else on the form, including the reason for funding and how funds will benefit the customer and enhance their ability to find and sustain employment.</p>
<p>11. SCHOLARSHIP CHECKLIST</p> <ul style="list-style-type: none"> a. Career Assessment b. Workforce Intelligence Research c. Childcare Needs Addressed d. Transportation Needs Addressed e. Training Provider Research 	<p>You may answer yes, no, pending, n/a or give a brief description of how each item is being addressed. This list will help to ensure the customer has made reasonable plans to deal with identified barriers that would impede on their ability to successfully complete training, and help to demonstrate they are making thoughtful choices based on available data.</p>

----- TRAINING / FINANCIAL ASSISTANCE TEMPLATE -----

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1. CURRENT SITUATION:

- a. Age:
- b. Family Status:
- c. Living Situation:

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2. GENERAL WORK EXPERIENCE:

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3. EDUCATION:

- a. High School / GED:
- b. College / Degrees (Include Dates):
- c. Licenses / Certificates (Include Dates):
- d. Training Background:

=====

4. ASSESSMENTS / RESULTS:

=====

5. ASSETS:

=====

6. BARRIERS:

=====

7. SUPPORTIVE SERVICES / TRAINING COSTS:

- a. Income / Expenses:
- b. Supportive Service:
- e. Scrip:
- d. OJT / Vocational Training:

=====

8. ALTERNATE FUNDING SOURCES ADDRESSED:

=====

9. GOALS:

a. Short Term:

b. Long Term:

=====

10. JUSTIFICATION & PLANNED SERVICES:

=====

11. SCHOLARSHIP CHECKLIST:

a. Career Assessment Completed:

b. Workforce Intelligence Research Completed:

c. Childcare Needs Addressed:

d. Transportation Needs Addressed:

e. Research Completed on education and training provider

=====

Customer

Date

Coach

Date

Rental Verification

Date:	
This is to certify that (Customer's Name):	
Is renting and residing at (Customer's Address):	
RENT in the amount of: \$	For the month of:
Is due on (Month / Day / Year):	
Rental Agent Name (Please Print):	

Rental Agent Signature

Date

Rental Agent Address:
Rental Agent Phone Number:

THE INFORMATION PRESENTED HEREIN RELATES TO MY CURRENT LEGAL RESIDENCE.

Customer Signature

Date

Coach Signature

Date

Comments:

Child/Dependent Care Verification

Customer Name: _____ Date: _____

Child/Dependent Care Provider Information:

Name of care provider: _____

Address: _____

Phone #: _____ Tax ID or SSN: _____

Child(ren)/Dependent(s) Receiving Services

Name	Age
_____	_____
_____	_____
_____	_____

Parent/Guardian Name: _____

Period of Services for Care

Period From: _____ To: _____
month/year *month/year*

Total #: _____ hours days weeks months (check one)

Amount of billing rate: \$ _____ hours days weeks months (check one)

Total amount due for services: \$ _____

This is to certify that services have or will be provided by request of the above named customer for the above named child(ren)/dependent(s).

Care Provider Signature: _____ Date: _____

Care Provider Title: _____

Customer Signature: _____ Date: _____

Coach Signature: _____ Date: _____

Remarks/Comments: _____

NOTE: SETA IS NOT RESPONSIBLE FOR ANY LATE FEES INCURRED

FINANCIAL ASSISTANCE FORM Obligations De-obligations

Contact Information	
Customer Name:	Phone:
Program Name:	Grant Code:
Coach:	One-Stop:
SSN:	Phone Number:
Enrollment Date:	Case Number:
	Application Number:

ITA Database Obligations or De-obligations						
Vendor	Course/Service Detail	Date	Category	Critical Occ. Cluster ¹	Grant Code	Amount
			<input type="checkbox"/> SS			
			<input type="checkbox"/> Training			

Support Service / Benchmark Incentive Payment Request				
Support Service	Amount			
Rental Assistance				
Child/Dependent Care				
Emergency/Ancillary Support Service:				
Account Summary				
Category	Total Obligated	Current Balance	Total Requested	Remaining Balance
Support Service			\$0.00	\$0.00

Signatures		
Coach:		Date:
Supervisor:		Date:
Fiscal:		Date:
Regional Manager:	DD Initial:	Date:

Payment Receipt		
Payment Type	Check Number	Amount
Support Service		

Customer Signature: _____ Date: _____

Critical Occupational Cluster Key: 1 = Administrative & Support Services; 2 = Architecture & Engineering; 3 = Construction; 4 = Healthcare & Support Services; 5 = Human Services; 6 = Information Technology; 7 = Installation, Maintenance, & Repair; 8 = Tourism & Hospitality; 9 = Transportation & Production; 10 = Other (Non-Critical);

LOST/MISSING RECEIPT DECLARATION

Purpose of Form

This form is to be used on **rare** occasions when claimants have lost or misplaced their original receipts. Each claimant must certify that an expense receipt was lost accidentally, destroyed or unobtainable. This Declaration Form must be attached to the claim being submitted.

Declaration

I, _____, hereby declare the following receipt(s) has been lost or misplaced:

I further declare that I have not and will not use this missing receipt to claim reimbursement from any other source, or to support any claim for income tax deductions in the future.

Claimant

PRINT NAME

SIGNATURE

Approval

WDD DEPUTY DIRECTOR