

PARTICIPANT REQUEST FOR SUPPORTIVE SERVICES

Participant information

| | |
|------------------|--|
| Date of Request: | Case Number: |
| Name: | Email: |
| Phone number: | OK to text? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Request for payment

List services or items you are requesting:

Amount you are requesting for this service or item of need:

Explain why payment for this service or item is needed:

Are you working with another County-funded program or receiving other financial assistance for this request? (CHAMP, FIT, Housing Matters, WIOA, private, non-profit, etc.) Yes No

If yes, please explain:

You will need to provide documentation for certain requests:

- Car Repair:** two (2) itemized, written estimates from licensed mechanics describing the necessary repair work. Current driver license, registration in your name, and proof of insurance
- Rental Assistance:** W9 from landlord and current lease
- Utilities or other bills:** current bill showing past-due amount

Participant certification & agreement to release information

I declare under penalty of perjury, under the laws of the U.S.A. and the State of California that the above information is complete, true and correct. I understand that I must repay any funds used for purposes other than those specified above and approved by my assigned Employment & Training Specialist, Benefits Representative, or Social Worker. My signature below indicates that the County may contact the providers listed on or attached to this form for needed information for this request.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

COUNTY USE ONLY (County has 10 business days to respond to requests)

CWES STAFF COMPLETE THIS SECTION:

County staff: _____ Title: _____ Phone: _____

Comments: _____

PAYMENT METHOD: Provider Payment Name: _____ Address: _____

Phone: _____ Reimbursement to Participant (receipt attached) Advancement to Participant (invoice attached)

APPROVAL SECTION: Approved Denied Reason for denial: _____

Amt. Approved: \$ _____ Signature _____ Title _____

Date: _____ Email form to adrianar@cabinc.org and manolito@cabinc.org.

FOR COMMUNITY ACTION BOARD ONLY:

Verifying Signature: _____ Phone: _____