



Supportive Services Request

This form must be filled out for every supportive service request prior to payment/issuing of funds. A copy of the completed form as well as copies of the supporting documentation must be placed in/uploaded to the participant file for monitoring and documentation purposes. The completed form and any supporting documentation must be mailed/e-mailed to the WOWDB Fiscal Agent for payment or appropriate Service Provider(s) Fiscal Agent for payment for youth.

Participant Name: _____ **PID#** _____

ADULT DLW YOUTH

SUPPORTIVE SERVICE REQUEST NEEDS RELATED PAYMENTS REQUEST

1) Describe the supportive service requested, rationale for request, funding amount needed and list all attached required verification (i.e. car registration, estimates, supportive services budget, valid driver license, valid insurance card, rental agreement):

2) List documentation that other resources were not available (List other possible funding sources contacted, date and time of contact, contact information, person spoken to and results.):

3) If approved, payments to be made to (vendor name, address, phone, fax, etc):

4) Workforce Staff Certification and contact information (*Check all that apply*):

- Supportive service request does comply with local board policy.
- Appropriate program note was added to Participant’s on-line file.
- Any quotes, verification documents and supporting documentation of need for supportive service request are attached.
- Other funding source is not available – as listed above. All appropriate resources for this service were explored and reviewed as per policy.

_____ Date

Service Provider/Workforce Staff Name