

**THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA
DETERMINATION OF SUPPORTIVE SERVICE NEEDS**

This form will consider your income level and other factors to determine your need for supportive services while participating in the WIOA program.

SECTION I – PERSONAL INFORMATION

Date: _____

Applicant's Name: _____

Address: _____
City _____ County _____

SECTION II – ELIGIBILITY FACTORS

Mark "yes" or "no" to each of the questions below. Indicate which types of services/payments the applicant is receiving or is eligible to receive from other sources, such as TANF.

1. Is the applicant enrolled in post-secondary education or other training? _____ Yes _____ No
2. Does the applicant have dependent children under the age of 6? _____ Yes _____ No
3. Indicate if the applicant is eligible to receive or is receiving the following from another source:
 - a. Transportation services/payments? _____ Yes _____ No If yes, indicate source _____
 - b. Child Care/payments? _____ Yes _____ No If yes, indicate source _____
 - d. Educational Expenses? _____ Yes _____ No If yes, indicate source _____

SECTION III – WIOA SUPPORTIVE SERVICES ELIGIBILITY

Indicate each of the types of supportive services the applicant is eligible to receive.

1. _____ Child Care Payments (Indicate # of children under 6: _____)
2. _____ Transportation Payments
3. _____ Other Hardship
4. _____ Work Related Items
5. _____ Educational Expenses

SECTION IV – CERTIFICATION

I understand that if I am accepted and enrolled into a WIOA Title I activity or program, I may receive payments for child care, transportation, work-related tools & clothing, and educational expenses. I also understand that I will not receive supportive services if I am receiving, or am eligible to receive, such payments from another source. I agree to notify the youth provider in the event that any change occurs that would affect my eligibility for these payments.

I certify that the information provided is true and correct. I understand that falsification of information may subject me to prosecution for fraud/perjury under the law and/or repayment of all funds. I further authorize this information to be verified at the discretion of the workforce development area.

Applicant's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Gateway Program Provider: _____

**THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA
DETERMINATION OF SUPPORTIVE SERVICE NEEDS
INSTRUCTIONS**

This form should be completed for each youth assessed as needing supportive services by the youth service provider. Any youth enrolled in WIOA may be eligible for supportive services (based on completion of this form). All information should be typed, excluding the signatures on the bottom of the form, or should be neatly printed in ink. Both the applicant and the youth provider should initial any changes made on the form.

Contact the Fiscal Agent Staff at 662-489-2415 if there are further questions about supportive services.

SECTION I – PERSONAL INFORMATION

Indicate the date on which the supportive services eligibility was determined. Complete the information for the applicant's name and mailing address.

SECTION II – ELIGIBILITY FACTORS

Indicate the applicant's situation for each of the three items. Place an "x" by either "Yes" or "No" to indicate the correct answer for each question. For question 3, if the applicant receives, or is eligible to receive, the services from another funding source, write in the blank what program provides the services. Examples for "other sources" include but are not limited to TANF, or other program providing child care, transportation, and/or educational expenses.

SECTION III – WIOA SUPPORTIVE SERVICES ELIGIBILITY

Indicate if the applicant is eligible under the Workforce Innovation and Opportunity Act to receive child care, transportation, work related, or educational related supportive services. If the person is eligible for child care payments, write in the blank the number of children that are living with and under the care of the applicant at the eligibility determination date. The applicant should verify this number with copies of birth certificates and a statement that the child or children are living with the applicant.

SECTION IV – CERTIFICATION

Prior to the applicant and counselor's signatures, the counselor should make sure that the applicant has read and understands the two paragraphs under this section. If necessary, the counselor should read aloud the section to ensure that the applicant fully comprehends the statements. The applicant and the counselor must both sign and date the appropriate blanks.

The youth provider should keep a copy of the completed form for the applicant's file and forward the original to the fiscal department. The information on the "Determination of Supportive Services Needs" form should be updated at least once a quarter to determine if the youth's situation has changed. In the Mississippi Partnership, youth service providers are responsible for making supportive services payments to participants.

**THE MISSISSIPPI PARTNERSHIP LOCAL WORKFORCE DEVELOPMENT AREA
WEEKLY REQUEST FOR SUPPORTIVE SERVICES FOR YOUTH**

| | |
|--|------------------------------|
| 1. Name | |
| 2. Level of Service <input type="checkbox"/> Active Participant <input type="checkbox"/> 1 st 12 months of follow-up | 3. Gateway Program Provider |
| 4. Indicate the type of payment <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Other (check all that apply) | |
| 5. Week Ending Date: | 6. Exit Date, if applicable: |
| <p align="center">Question 8 is only applicable to those individuals enrolled in training</p> 7. Name & Address of Training Facility: | |
| 8. How many days was the participant involved in WIOA activities for the present week? | |

Participant's Certification:

By signing this form, I agree that all information contained herein is true. This information is given to support my request for supportive services. I authorize my counselor to verify any information contained on this form, and I understand that any misstatements made to obtain payments or benefits to which I am not entitled may subject me to penalties and/or prosecution.

Participant's Signature: _____ Date: _____

To be completed by Youth Provider

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------------|--------|--------|---------|-----------|----------|--------|----------|
| Instructor's Initials | | | | | | | |
| Participant's Initial | | | | | | | |

Attendance Record – P: Present, A: Absent, H: Holiday

Instructor's or Counselor's Certification:

The above answers are in accordance with our records. Any statements by the trainee are complete and correct to the best of my knowledge.

_____ Date: _____

M, W, F Instructor's or Counselor's Signature

_____ Date: _____

Tuesday, Thursday Instructor's or Counselor's Signature

OFFICE USE ONLY

Amount of
Check: \$ _____

*Necessary Documentation must
be attached to this form.*

**THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA
WEEKLY REQUEST FOR SUPPORTIVE SERVICES
INSTRUCTIONS**

These instructions are meant to serve as a guideline for completion of the Weekly Request for Supportive Services form. Items 1 through 5 on the form will usually be the same from week to week and will need to be supplied to the participant by the instructor or youth provider. One of these forms must be submitted each week for each participant who is requesting benefits. No payments may be made to individuals in the absence of this form.

1. Enter the participant's name as it appears on his/her intake form.
2. Check the appropriate items to indicate the level of service the participant is receiving. If the individual is actively enrolled in any WIOA services, check "Active Participant". If the individual has been exited from WIOA youth services, and is in the first 12 months of the provision of follow-up services, check "Follow-Up". If the individual has been receiving follow-up services for more than 12 months, he or she will not be eligible for supportive services that require the expenditure of WIOA funds.
3. List the Gateway Program Provider.
4. Check the appropriate items to indicate the types of supportive services the youth is receiving.
5. The ending date of the week for which payment is requested must be a Friday.
6. Enter the participant's exit date if applicable.
7. Enter the name of the facility or entity that is providing the training, the school name, or name of the WIOA program, as appropriate. (Indicate N/A if not applicable.)
8. Enter the number of days the participant engaged in WIOA activities during the week in which this request is being submitted.

The participant must sign the form under the Participant's Certification. If necessary, the statement should be read aloud to the participant to ensure his/her understanding.

The block for attendance must be completed by the instructor or youth provider, as appropriate, and initialed by the participant, and should be checked for accuracy by the individual who processed this form. The instructor or youth provider must then sign the form, and the youth must return the completed form to the youth provider for processing and disbursement of service or payment.