**LA:RISE UNDERSERVED COVID-19 IMPACTED INDIVIDUAL**

**SUPPORTIVE SERVICE FORM**

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| **IDENTIFYING INFORMATION** |
| Applicant’s Name: | CalJOBS User ID/Application #: |
| **SUPPORT SERVICE REQUESTED** |
| [ ]  Post-Secondary Academic Materials (Code 192)[ ]  Child/Dependent Care (Code 180)[ ]  Housing (Code 189)[ ]  Educational Testing (Code191)[ ]  Reasonable Accommodations (Code185)[ ]  Utilities (Code 190)[ ]  Job Search Allowance (Code 187) | [ ]  Work Attire/Tools (Code 188)[ ]  Transportation (Code 181)[ ]  Seminar/Workshop Allowance (Code 186)[ ]  Legal Aid (Code 185)[ ]  Health Care (Code 182)[ ]  Temporary Shelter (Code 184)[ ]  Other:  CalJOBS Activity Code:  |
| **SUPPORT SERVICE APPROVED AMOUNT**  |
| Supportive services are available in two tiers. Check applicable tier: [ ]  **Tier 1.** Individuals receiving at least 50% of their previous wages either from their employer directly,  or with Unemployment Insurance (UI) payments, may receive supportive services totaling **$400**  [ ]  **Tier 2.** Individuals who are not receiving at least 50% of their wages from their employer directly, or  with UI payments, may receive supportive services totaling **$800** |
|  **TOTAL AMOUNT PROVIDED** | $ |  |
| COMMENTS:  |
| **CALJOBS PROGRAM GRANT CODE** |
| [ ]  Grant Code 2051 for WIOA Title I Adult OR [ ]  Grant Code 1187 for WIOA Dislocated Worker |
| **SUPPORT SERVICE JUSTIFICATION**  |
| [ ]  Support service request was not available through other agencies[ ]  Support service requested was necessary to enable participation in LA:RISE or in WIOA career/training services |
|  **APPLICANT SIGNATURE** |
| **I hereby certify under penalty of perjury that the information above is true and correct to the best of my knowledge.** |
| Applicant Signature  |  Date |
| **FOR OFFICE USE ONLY: STAFF CERTIFICATION** |
| **I certify under penalty of perjury that the individual whose name appears above provided the information recorded on this form.** |
| Agency Name:  | Staff Name:  |
| Staff Signature: |  Date |
| Comments:  |