

## Participant Self-Certification Supportive Services

Provider Site Location:	Provider Grant Code:
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Participant Name:	
Participant State ID #:	Date of this Certification:

### NOTICE TO WIOA PARTICIPANT

This form is designed to facilitate the process for receiving Workforce Innovation and Opportunity Act (WIOA) funds for Supportive Services while participating in a WIOA activity. It requires your self-certification and, in some instances, documents to support your request. You are required to provide accurate and current information regarding all existing supportive service(s) that you are receiving or are scheduled to receive from any other federal, state, or local organization/agency. False or misleading assertions or certification may result in the termination of all services under WIOA.

Participant Acknowledgement \_\_\_\_\_  
Initials

Please place a check mark next to the financial assistance or employer benefits you are currently receiving, or are scheduled to receive, from any other organization, agency, or employer. If you are not receiving supportive services, please write or print "none" in your own handwriting in the space next to the appropriate service.

Transportation \_\_\_\_\_ Childcare \_\_\_\_\_ Financial Support \_\_\_\_\_ Housing \_\_\_\_\_  
 Food Assistance \_\_\_\_\_ Medical \_\_\_\_\_ Vision Care \_\_\_\_\_  
 Scholarship or Educational Grant \_\_\_\_\_ Other (Describe): \_\_\_\_\_

Please list the source(s) of any supportive services you receive as indicated above.

Name of Organization/Agency	Description of Services	Amount	Frequency
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Verified financial amounts from any source (i.e. public assistance and/or employer benefits) ERS/ACA initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Participant Self-Certification

I certify that the above information is true and correct to the best of my knowledge. If at any time I receive supportive service of any kind from another organization/agency, I agree to immediately notify my WIOA Employment Readiness Specialist/Academic Career Advisor and submit a new certification to determine continued eligibility for receiving WIOA Supportive Services. I understand that failure to inform my Employment Readiness Specialist/Academic Career Advisor of changes occurring in my receipt of supportive services not listed above may result in the loss of all WIOA services. I understand that upon receipt of funds for the purpose of childcare only, that I am responsible for the payment to the childcare provider. I understand that the maximum total amount of WIOA Supportive Services I may receive is \$1,000.00 during my lifetime.

\_\_\_\_\_  
Participant Signature Dated: \_\_\_\_\_

\_\_\_\_\_  
Employment Readiness Specialist/Academic Career Advisor Signature Dated: \_\_\_\_\_