

Needs Related Payment Approval Form

Participant Name _____ Date of Request _____

State ID # _____ Adult Dislocated Worker

Training Start Date _____ Training End Date _____

Number in Family _____

1. Is the participant currently unemployed? Yes No

2. Does the participant receive TANF or qualify for UI or Trade Adjustment Assistance or North American Free Trade Agreement? Yes No If Yes, **STOP**. Participant is not eligible.

3. Has participant applied for a Pell Grant? Yes No

3a. Eligible? Yes No Amount \$ _____
(if eligible for a CCC Promise Grant, the amount of NRP will be prorated based on the Grant award)

4. Monthly Household Income

Amount \$ _____	Source _____
Amount \$ _____	Source _____
Amount \$ _____	Source _____

Total \$ _____

5. Does monthly income exceed the federal poverty guidelines for the family size? Yes No

6. Monthly Household Living Expenses \$ _____

7. Does monthly Household income exceed the monthly living expenses? Yes No

If questions 5 and 7 are yes, participant is not eligible for NRP. If 5 is yes and 7 is no, participant is eligible for NRP.

Client Eligible? Yes No

I certify that the above named participant is eligible for NRP at the hourly rate of \$ _____

ERS Signature _____ Date _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Participant Signature _____ Date _____

Note: Participant's household income and living expenses must be evaluated on a monthly basis. If household income increases, participant may become ineligible for NRP.