

## Supportive Services Request

### Section I: Participant Information

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

State ID #: \_\_\_\_\_ Funding Source:  Adult  DW  Youth  
 Other \_\_\_\_\_

Type of Supportive Services Requested: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Is the participant currently unemployed? Yes  No

### Section II: Supportive Services Qualifying Criteria

1. Has the participant applied for CCC Promise Grant? Yes  No  N/A

1a. Eligible? Yes  No  If yes, enter amount: \$ \_\_\_\_\_

1b. Has the participant expended the amount on living expenses? Yes  No

The participant is to document how the money was spent using the applicant's statement (form# GEN-001)

2. Monthly Household Income including wages, UI and public assistance (such as TANF, SSI), CCC Promise Grant, retirement, etc.

(Family as defined in the Fresno County Title 1 Eligibility Technical Assistance Guide, OD 03-15)

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Total: \$ \_\_\_\_\_

3. Monthly Household Living Expenses

\$ \_\_\_\_\_

4. Does the monthly income exceed the monthly expenses? Yes  No

### Section III: Supportive Services Determination

If question 1b is no, and question 4 is yes, the participant is not eligible for supportive services

Is the participant eligible? Yes  No

\_\_\_\_\_  
ERS or ACA 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