

Participant Self-Certification Supportive Services

Provider: _____ Service Location: _____

Funding Source: Adult Dislocated Worker Youth Other: _____

Participant Name: _____ State ID #: _____

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 financial assistance that you are receiving or are scheduled to receive from any other federal, state, or local organization/agency.

Please check the appropriate box next to any financial assistance or employer benefits you are currently or will be receiving from any organization, agency, or employer.

Service	Currently Receiving	Will be Receiving	N/A	Name of Organization	Amount	How often
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Financial Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Vision Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Scholarship/Educational Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Number in Family			
Monthly Household Income	\$		
Amount	\$	Source	
Amount	\$	Source	
Amount	\$	Source	
Total Household income	\$		

Monthly Household Living Expenses	
Mortgage/Rent	\$
Child Care	\$
Transportation	\$
Food	\$
Utilities	\$
Credit Card Payments	\$
Automobile Loan Payment	\$
Other Loans/Payments	\$
Any Miscellaneous Payments (must describe, attach separate sheet if needed):	\$
Total Household Expenses	\$

Does the monthly household income exceed the monthly living expenses? Yes No

Is the participant Eligible? Yes No

If the total household income exceeds the monthly household expenses. The participant must be able to demonstrate need for supportive services request. The ERS/ACA must be able to establish demonstrated and justifiable need in the participant's IEP/ISS and the CalJOBSsm case notes.

Participant Self-Certification

I certify that the above information is true and correct to the best of my knowledge and understand false or misleading assertions or certification may result in the termination of WIOA services. If at any time I receive financial assistance or employer benefits of any kind from another organization, agency, or employer, 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 any other financial assistance 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 and that the maximum total amount of WIOA Supportive Services I may receive is \$2,000.00.

_____ Dated: _____
Participant Signature

Provider Staff Verification

I certify that I have verified all financial assistance amounts for all sources listed above.

_____ Dated: _____
Employment Readiness Specialist/Academic Career Advisor Signature