**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: | | | | | | |