



Attachment II - Worker Resiliency Fund Supportive Services Form



IDENTIFYING INFORMATION

Applicant's Name

CalJOBS Application #

STATEMENT OF NEED (Current Participant situation):

SUPPORTIVE SERVICES REQUESTED (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Post-Secondary Academic Materials (Code 192) | <input type="checkbox"/> Work Attire/Tools (Code 188) |
| <input type="checkbox"/> Child/Dependent Care (180) | <input type="checkbox"/> Transportation (Code 181) |
| <input type="checkbox"/> Housing (Code 189) | <input type="checkbox"/> Seminar/Workshop Allowance (Code 186) |
| <input type="checkbox"/> Educational Testing (Code 191) | <input type="checkbox"/> Legal Aid (Code 185) |
| <input type="checkbox"/> Reasonable Accommodations (Code 185) | <input type="checkbox"/> Health Care (Code 182) |
| <input type="checkbox"/> Utilities (Code 190) | <input type="checkbox"/> Temporary Shelter (Code 184) |
| <input type="checkbox"/> Job Search Allowance (Code 187) | <input type="checkbox"/> Other supportive services: _____ |

SUPPORTIVE SERVICES APPROVED AMOUNTS & PROGRAM GRANT CODE

- Approved for up to \$400 (Applicant receives at least 50% of previous wages either from employer or UI payments)
- Approved for up to \$800 (Applicant does not receive at least 50% of previous wages from employer or UI payments)

Grant Code (GC): DW GC 1187 Adult GC 2051 **Total Amount Provided:** _____

SUPPORTIVE SERVICES JUSTIFICATION

- Yes No Are Supportive Services requested available through other agencies?
- Yes No Are Supportive Services requested necessary for the individual to participate in WIOA activities?

APPLICANT CERTIFICATION

I hereby certify under penalty of perjury that the information on this form is true and accurate and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate program termination and/or penalties as specified by law.

Applicant Signature

Date

AJCC STAFF CERTIFICATION

I certify that the individual whose signature appears above provided the information recorded on this form.

Print Staff Name

Staff Signature

Date