



Request for Other Supportive Services

Participant Name: _____ Date: _____

State ID: _____ Job Center: _____

Description of the Supportive Service Requested:

Per the local supportive services policy, WIOA funded supportive services should only be provided when the services are not available from the other community resources. Provide justification for the Supportive Service, including the lack of community resources, citing the local service for which the customer inquired.

Staff Signature: _____ Date: _____

Request Approved

Request Denied

Comments:

WDB Executive Director Signature: _____ Date: _____