

Supportive Services Payment Form

(Revised 8/10/2023)

Participant Name: _____ State ID#: _____

Address _____

Training Site _____ Daycare Provider _____

Address _____ Address _____

Period/Dates of Reimbursement

THIS SECTION IS ONLY TO BE COMPLETED IF TRAVEL OR CHILDCARE IS BEING REIMBURSED

Date	Date	Date	Date	Date	Date	Date	Total Days
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Participant Signature /

Date

My signature indicates that the days reported above are true and correct. I have received the service agreed upon as outlined in my Employment Plan. The Missouri Job Center system reserves the right to require documentation to support the above dates of attendance. If it is proven that the dates were knowingly incorrect, we will terminate our agreement to provide supportive service payments.

FOR OFFICE USE ONLY

COMPONENT	RATE	NUMBER of: Days	=	AMOUNT DUE	FUNDING SOURCE
Child Care (Contracted days)	\$ _____	x _____	=	\$ _____	_____
Transportation # miles _____	x .32 = _____	x _____	=	\$ _____	_____
Transportation 50+ miles: #miles _____, \$16/day	x _____	=	\$ _____	_____	_____
Other SS (explain): _____		=	\$ _____	_____	_____

Justification for Supportive Services must address the necessity for the participant to continue their educational goals and/or obtain or retain employment. Documentation to support costs (ie, class schedule, mileage logs, daycare contract, receipts, etc. have been uploaded into mojobs and are attached for payment processing.

I certify that the information above is accurate and appropriate to support program participation.

Payment submitted by Program Staff (Signature/Date)

Payment approved by Supervisor (Signature/Date)

\$ _____
Amount Paid

Check #

Date

The Workforce Development Board of North Missouri is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY users can dial 711.