

**WORK CLOTHING, EQUIPMENT, TOOLS SUPPORTIVE SERVICES
ASSISTANCE ELIGIBILITY DETERMINATION**

Participant Name: _____ PT ID#: _____

Training / Classroom/ Worksite Program: _____

Training / Classroom Location: _____

To receive Work Clothing, Equipment, and Tools Supportive Services Assistance, WIOA participant must bring in the following documentation:

- (a) Documentation of Schedule from training
- (b) Self-Attestation that participant has been unable to get assistance from another source to help with the supportive service he/she is requesting
- (c) List of required supplies needed

I certify that the information provided is true and complete to the best of my knowledge. I am also aware that the information I provide is subject to review and verification and I may have to provide additional documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment. I allow release of information for verification purposes and understand that it will be used to determine eligibility. I further acknowledge that if I am overpaid, even though no fault of my own, those monies will be returned to West Central Arkansas Planning and Development District Inc.

Participant's Signature

Date

The above information has been verified and copies of proof are attached

Amount of Clothing Assistance Allowed: _____

Amount of Equipment Assistance Allowed: _____

Amount of Tools Assistance Allowed: _____

Staff Signature

Date

Original: Administration Office Copy: Career Advisor File