

NEXTGEN PROGRAM

SUPPORTIVE SERVICES REQUEST FORM

Participant Name:	VOS State ID:
NGSP Staff Name:	Service Date(s):
Participant Status: Active Follow-up	Requested date range for MUST be within one program year.
PARTICIPANT REQUEST: Check ($$) which supportive service that applies.	
☐ Linkage to Community Services ☐ Child/Dependent Care ☐ Ac	commodations for Disability After Training Assistance Meals Emergency Assistance
[(Participant Name), attest that I am WIOA eligible, I am participating in career or training services, I am unable to obtain supportive services through other programs, and I will comply with program regulations and policies to continue to receive supportive service payments. I am requesting the above service (checked) because (explain reason service is needed)	
Participant Signature	Date
FOR NGSP INTERNAL USE ONLY (to be filled out by NGSP staff)	
DETERMINATION OF NEED	
☐ Financial Need ☐ Physical Need	
Document (in WorkSource Portal/VOS) that demonstrates participant is INCAPABLE of providing services for him/herself: Participant Application Signed self-attestation Other: Disability benefits	
Resource Coordination	
By initialing I certify that services available through other agencies (like Federal/State grant programs) have been researched, explored and utilized prior to requesting WIOA funds. Also, an analysis of ALL federal/state/local resources and how they are being coordinated is detailed in c-notes , including an explanation, if unable to provide services through 3 rd party.	
QUALIFYING WIOA ACTIVITY	
☐ Education Training/Placement ☐ Employment Training/Placement ☐ Work Experience (WEx)	
Give details explaining the career/training activity and how this Supportive Service is necessary for the activity, or the success of the Service Plan:	
SERVICE DETAILS NGSPs are responsible for tracking payments to ensure compliance with spendin	na limitations
Include (if applicable): Locations of pick-up & drop-off or delivery location for items, needed days of the week and times per day, cost per item/trip, quantity, color, purchase location/website, shipping costs, taxes, and a Total Requested Amount.	
Any <u>limited</u> supportive services (SS) provided prior to enrollment? Yes No If so, the amount spent prior to WIOA enrollment will also count towards the Supportive Services spending cap.	
WorkSource GA Portal/VOS Data Entry 1. Activity Code to be Assigned 480 – Child/Dependent 483 – Temporary S 2. Upload receipts frequently and update c-notes with any chan 3. Close SS Activity Code when no longer being used. SS may b	helter 485 – Other 486 – Counseling ges to providing this service.

NGSP Staff Signature Date