RESET

Atlanta Regional WORK SOURCE GEORGIA NextGen Program

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** ☐ **Accommodations for Disability** ☐ **After Training Assistance**
☐ **Transportation Assistance** ☐ **Educational Testing & Supplies** ☐ **Meals** ☐ **Emergency Assistance**

I _____ **(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 ☐ Low-income verification ☐ Federal or State public assistance ☐ Disability benefits
☐ Signed self-attestation ☐ Other: _____

Resource Coordination

Initial	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 3rd 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 spending 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 limited 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 Care ☐ 481 – Transportation Assistance ☐ 482 – Medical ☐ 483 – Temporary Shelter ☐ 485 – Other ☐ 486 – Counseling
2. **Upload receipts frequently and update c-notes with any changes to providing this service.**
3. **Close SS Activity Code when no longer being used. SS may be used repeatedly over an extended period of time.**

_____ _____

NGSP Staff Signature **Date**

For more information, refer to the latest NextGen Program Supportive Service Policy