



Request for Supportive Services

Customer Name _____

RochesterWorks! Member # NY _____

As a result of the American Recovery and Reinvestment Act of 2009, Monroe County/Rochester Workforce Investment Board is making available funds to assist with the cost of living expenses needed to participate in WIA funded training through RochesterWorks! This program is offered as long as funds are available and may be suspended with little or no notice once funds are exhausted.

Up to \$100 a week for a maximum of six months (not to exceed a total of \$2600.00) may be provided to cover reasonable costs related to child/dependent care, transportation, housing, or health care. A supportive service payment will be issued on a monthly basis to customers who are in training and meet the following criteria:

- Unemployed
- Enrolled full-time (12 or more classroom hours per week) in WIA funded ITA training for occupational skills. Expenses related to part-time training will be pro-rated.
- Not eligible for supportive services through another program or agency (e.g., VESID, public assistance through Department of Human Services, Trade Act, other one-stop area, etc.)
- In need of supportive services to participate in training
- Document attendance in a WIA funded training program

If financial assistance is needed to support you or your family while you are in training, please check as many of the below services as apply and indicate the estimated monthly cost of the service. RochesterWorks! may contribute up to a maximum of \$100 per week toward expenses for any combination of services identified.

<u>Service Needed</u>	<u>Monthly Cost</u>
_____ Child Care	_____
_____ Dependent Care	_____
_____ Transportation	_____
_____ Housing	_____
_____ Health Care	_____

To receive a supportive service payment, please complete the Claim Form on the reverse side of this document attesting to your attendance in training for the weeks in which you are claiming a payment. **Additional forms are available at www.rochesterworks.org.** Requests for payments may only be submitted on this form once every 30 days after all training for the month has been completed. Please allow a minimum of 30 days for payment. Payments for partial weeks during a month will be pro-rated.

I attest that I am unemployed and in need of the above supportive services in order to participate in training sponsored by the RochesterWorks! Career Center. I am not eligible to receive supportive services through any other program or agency (i.e. VESID, DHS, Trade Act, other one-stop area, etc.). I understand that in order to receive assistance I must submit a Supportive Services Claim Form (see reverse side).

Customer Signature _____ Date _____

RochesterWorks is an Equal Opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.

RochesterWorks! Supportive Services Claim Form

Customer Name: _____
 Customer Address: _____

 Customer Phone No.: _____

Customer NY Member No.: _____
 Advisor's Name: _____
 Training Provider: _____
 Email Address: _____

Please enter the dates you attended training (e.g., 6/1/09) throughout the month and total number of hours in training for each week. See example below. Please be sure form is filled out accurately as incorrect forms will not be honored. **Only one form per month may be submitted and please allow a minimum of 30 days for payment.**

Return this signed and dated form to: RochesterWorks, Inc., ATT: Karen Hobson, 255 North Goodman, Rochester, NY 14607
Fax: 232-6033 or Email: khobson@rochesterworks.org

Sample: Week 1:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Number of Training Hours Attended
6/1/09		6/3/09		6/5/09		12

Week 1:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Number of Training Hours Attended

Week 2:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Number of Training Hours Attended

Week 3:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Number of Training Hours Attended

Week 4:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Number of Training Hours Attended

Week 5:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Number of Training Hours Attended

During this month was the training facility closed due to a scheduled break (i.e., holiday or vacation period)? If so, what are the inclusive dates of this break? Beginning _____ through _____.

I attest that I am enrolled in a training program and the above accurately reflects my training attendance. I further attest that the supportive service payments I receive will only be used to cover costs I have identified on the reverse side that are needed to support myself or my family while in training. I am not eligible to receive supportive services through any other program or agency (i.e., VESID, DHS, etc.). Any misuse of funds may result in termination of this benefit.

Customer Signature: _____

Date: _____

Funding Stream: _____ (Office Use Only)

Career Center: _____ (Office Use Only)

RWI Approval: _____ (Office Use Only)