**Request for Supportive Services 7-10: *Only* for eligible WIOA enrolled OSY**

***(Keep in youth hard file.)***

**RWI Navigator(s):** *Complete request in full and document on OSOS with specific supportive service and comment (SENSE Model). Submit Request at least 5 business days prior to the 15th or 30th of the month to Bibianna Silvera-Portacio., Youth Program Specialist* ***bsportacio@rochesterworks.org***

**Three-hundred dollars ($300) is the maximum total WIOA supportive services 7-10 disbursement per youth enrollment based on funding availability***.*

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RWI Navigator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Name and OSOS ID NY#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligibility Review for WIOA enrolled OSY:**

Please check off/circle and complete applicable sections below:

* Active Status Youth *or* Youth in Follow Up Status
* Good standing in program: Engaged
* On track to meeting youth performance indicator (s)

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services 7-10** |  **Item/Fee** | **Document Reason** | **Amount**  |
| 7: Assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear including appropriate clothing (i.e. intimate apparel: female/male underwear) or shoes to attend program activities or interviews. |  | *Training, job search/interview, employment, or, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| 8: Assistance with educational testing |  | *Training, job search/interview, employment, or, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| 9: Assistance with Books, fees, school supplies, and other necessary items for students enrolled in post-secondary education classes |  | *Training, job search/interview, employment, or, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| 10: Payments and fees for employment and training related applications, tests, and certifications (see page 4: covered payments/fees) |  | *Training, job search/interview, employment, or, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |

**Check:**

* **Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Memo line: Youth Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit card: Business: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Bibianna Silvera-Portacio: Verified for completeness (signature and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Approved by (signature and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**WIOA RWI SUPPORTIVE SERVICES RECEIPT**

***Original receipt returned within 5 business*** *days to RochesterWorks!*

***Cassilda Campbell***, *Youth System Assistant*

*Copy in youth’s hard file, (Maximum total supportive services disbursement per youth is $300)***:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NY#** *(must be WIOA enrolled youth in OSOS)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today I, (**Youth **-*Print Name****)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_received check number #***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **for total amount of $***\_\_\_\_\_\_\_\_\_\_\_\_\_.*

**By signing below, I take full responsibility for safeguarding the check(s) issued to me today. Lost or stolen check(s) disbursement will not be replaced.**

**Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request completed by RWI Navigator:** (Print Name) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Navigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***ROCHESTERWORKS USE ONLY BELOW:***

*Original Receipt Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*