



WIOA/WTP Program - Statement of Need & Eligibility For Support Services:

Participant Name: _____ Last 4 of SSN: _____

Program: WTP MN TS AD DW
 CSF Comm CSF CR CSF IT Other _____

Based on my individual circumstances, in order for me to attend and participate in the program activity, I am in need of the following Support Services. I certify that I am not receiving these Support Services from another source. In addition, I certify that, to my knowledge, my support service needs cannot be met by other resources or agencies and that I am not financially able to pay for these services myself. Support Services received with in this fiscal year are under the annual cap amount.

CareerSource Pinellas Career Counselor has fully explained the availability and eligibly of program support services. I understand that these services can only be provided in accordance to Program Guidelines, which are subject to change based on the availability of funds and without warning. Services are not an entitlement and have eligibility criteria.

Check below to indicate the needed service and dollar amount :

Enter Approved Dollar Amount \$: _____ Other: _____ \$: _____

Transportation: Completion of application eligibility & successful enrollment into WIOA
 Successful attendance and/or progress in activity or WIOA monthly contact/SARA Contact
 Diligent monthly job search - post training completion (WIOA Only)
 WTP Acceptable Program Participation
 TS Monthly Retention of employment

WTP Uniforms: WTP Employment/Training Attendance of up to 20 average hours per week
 WTP Employment/Training Attendance of 21 to 34 average hours per week
 WTP Employment/Training Attendance of 35 or more average hours per week
 TS Monthly Retention of employment/training attendance

WIOA Uniforms: Required for training

Tools: Required for employment
 Required for training

I certify that the above information is true and correct to the best of my knowledge. I understand that any willful misstatement of facts, falsification of information or records, or like activity may result in legal action being brought against me.

Participant Signature

_____/_____/_____
Date

CareerSource Pinellas Signature

_____/_____/_____
Date