

WIA Supportive Services Request for Exception to Limit

POLICY #: 511

Case manager initiating this request:

Case manager telephone:

This request was reviewed and approved for submission by:

WIA Program Supervisor (or Designee):

WIA Provider Name:

Date:

1. Participant Name:
2. Participant Social Security Number:
3. Date of Initial Registration in WIA:
4. Adult, Dislocated Worker, or Youth Program:
5. Co-Enrollment in Other Programs (list):
6. List All Supportive Services Provided to Date (if none to date, list \$0):

Childcare	\$
Transportation	\$
Other (list)	\$
Total Provided	\$

7. List Supportive Services Being Requested in this Waiver:

Childcare	\$
Transportation	\$
Other (list)	\$
Total Requested	\$

8. Grand total of all Supportive Services Provided and Requested for Client: \$
9. Are there any other sources of Supportive Services Funds? If yes, please list amounts and sources. If no, please explain:
10. What is the purpose of these supportive services funds?
11. What are the extraordinary circumstances that require a supportive services waiver?

WDC Use Only:
Exception Approved

Exception Denied