

Whole Home Repairs (WHR)

Supportive Service Request Form

Supportive services, based on funding availability, may be provided to eligible participants who meet WHR program eligibility and engagement requirements in basic and individualized career and training activities.

Participant Name:

PID #:

Program:

Type of Supportive Service:

Date of Request:

Reason for Supportive Service (How will this service assist in meeting the educational/employment goals?):

What is the cost of this service? (Provide documentation.):

When and where will this supportive service be utilized by the participant?:

Does this participant need this service in order to achieve the career/training goal?

Does the employer/school/outside source provide assistance for this service?

Have all other referrals to and coordination with outside agencies been exhausted?

COMMENTS: Please use this section to explain answers from above.

Have all elements, steps, and aspects related to the need and request of this supportive service been detailed in one or more case notes in the participant's case record in CWDS?

NOTE: Please attach an invoice, verification, and/or documentation of requested supportive service.

Everything in this proposal is accurate and true to the best of my knowledge. I agree to use the requested funds for the purpose as explained in my proposal. I agree to submit receipts, as necessary.

Participant Signature:

Date:

Case Manager Approval:

Date:

Program Manager Approval:

Date: