

# Training Support Analysis Form

1. Are you unemployed or have you received notification of a layoff?  
 Yes  No
2. Do you currently qualify for UI benefits?  
 Yes  No
3. Do you currently qualify for additional state or extended UI benefits?  
 Yes  No
4. Do you currently qualify for Trade Re-adjustment Allowances (TRA)  
 Yes  No
5. Are you receiving any other federal or state income support? (Examples: WFNJ – TANF or GA)  
 Yes  No
6. Have you considered all other resources available that will help you successfully participate in your full-time training program? [Examples of other resources include, but not limited to, Pell grants, severance pay, other family income (e.g. spouse's income)]  
 Yes  No
7. Do you need supports, such as childcare and transportation, beyond these other resources in order to participate in training full-time?  
 Yes  No

*All answers and statements are true and complete to the best of my knowledge. I understand that providing untruthful or misleading answers are cause for denial of the supports. Any fraud based on my false or misleading answers could result in my repayment of any supports provided.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employment Specialist Signature

\_\_\_\_\_  
Date

## Personal Resource Worksheet – Desk Aid

Monthly Income		Monthly Expenses	
Personal		Rent/Mortgage	
Spouse/Partner		Electricity	
Other Family Members		Heating	
Child Support		Water/Sewage	
Social Security		Telephone	
Maintenance/Alimony		Cable/Wi-Fi	
Retirement		Monthly Auto Payments	
Workers Compensation		Day Care	
Social Security		Food	
Unemployment Insurance		Clothing	
Public Assistance		Fuel	
Other:		Public Transportation	
		Car Insurance	
		Monthly Credit Card	
		Medical Insurance	
<b>Total Monthly Income</b>		<b>Total Monthly Expenses</b>	
<b>Participant's Net Income (Income Minus Expenses)</b>			

I certify that the above is true and accurate to the best of my knowledge. I further understand that any receipt of support series is contingent upon the availability of funds.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employment Specialist Signature

\_\_\_\_\_  
Date

## Supportive Services Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

LAST 4 of SS# \_\_\_\_\_

AOSOS # \_\_\_\_\_

Eligibility Type: (Circle one)

**Adult**

**Dislocated**

**Youth**

Supportive Services (check all that apply)

Wawa Gas (Card #) \_\_\_\_\_ Date issued: \_\_\_\_\_

\$50       \$100

Reason (check all that apply)     training     individualized career services     follow-up services

\*HSE Test: (check one)

TASC

HI Set

Type of Test: (check one)

Initial

Re-take

Date of scheduled HSE test or retest: \_\_\_\_\_

Car Repair (amount: \$ \_\_\_\_\_)

Protective clothing, uniforms, tools equipment (amount: \$ \_\_\_\_\_)

TWIC Card (amount: \$ \_\_\_\_\_)

\*Drivers Education    check one:     Permit only     Permit, behind the wheel & driver's test

Child Care (amount: \$ \_\_\_\_\_)

Expungement (amount: \$ \_\_\_\_\_)

Education Related Application Fees (youth) (amount: \$ \_\_\_\_\_)

Employment Specialist: \_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Signature)

Please send form, with support/back-up documentation such as receipts, to John Doe either e-mail XXX or fax: xxx

\* indicates a contracted service, therefore support documents are not necessary; forward Support Services form to XXX