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

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Monthly Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>Rent/Mortgage</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>Electricity</td>
</tr>
<tr>
<td>Other Family Members</td>
<td>Heating</td>
</tr>
<tr>
<td>Child Support</td>
<td>Water/Sewage</td>
</tr>
<tr>
<td>Social Security</td>
<td>Telephone</td>
</tr>
<tr>
<td>Maintenance/Alimony</td>
<td>Cable/Wi-Fi</td>
</tr>
<tr>
<td>Retirement</td>
<td>Monthly Auto Payments</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>Day Care</td>
</tr>
<tr>
<td>Social Security</td>
<td>Food</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>Clothing</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>Fuel</td>
</tr>
<tr>
<td>Other:</td>
<td>Public Transportation</td>
</tr>
<tr>
<td></td>
<td>Car Insurance</td>
</tr>
<tr>
<td></td>
<td>Monthly Credit Card</td>
</tr>
<tr>
<td></td>
<td>Medical Insurance</td>
</tr>
</tbody>
</table>

| Total Monthly Income           | Total Monthly Expenses               |

| Participant’s Net Income (Income Minus Expenses) | |

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