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## **Policy Letter #17**

**TO: All Staff**

**FROM: Tracy Jackson, Interim Workforce Development Director**

**SUBJECT: Specialized or Required Supportive Services and Needs-Related Payments Policy**

### **PURPOSE**

The purpose of this policy is to provide Workforce Innovation and Opportunity Act (WIOA) standards and guidelines related to Supportive Services, to include Needs-Related Payments, emergency funding, and Finish Line Grant funds. Supportive Services can be defined as required or specialized services; refer to the local board policy. Please read this policy thoroughly in order to determine the most appropriate source of supportive service that will meet the participant's needs and the procedures for providing assistance. Reference DWS Policy Statement PS 10-2020

### **BACKGROUND AND DEFINITION**

The Workforce Innovation and Opportunity Act (WIOA) provides program guidelines for supportive service for WIOA Title I programs as defined in WIOA Sections 3(59) and 134(d)(2) and (3). They are needed to enable individuals to participate in WIOA Title I activities, and may only be provided to individual who are:

- a) Participating in career or training services as defined in WIOA Sections 134(c)(2) and (3); and
- b) Unable to obtain supportive or emergency services through other programs providing such services.

Specialized services such as transportation (other than gas and bus passes), child care, dependent care, housing, and needs-related payments, require written authorization of the local board Director; and/or verification of received/denied services from partner agencies. All documentation must be uploaded into the participant's file in NCWorks system.

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Auxiliary aids and services are available upon request to individuals with disabilities

Required services such as books and training supplies, educational testing, fees for applications, test and certifications, medical and counseling services, work attire/related cost, workplace accommodations, and transportation (gas/bus pass), do not require pre-approval from the local board.

Supportive Services may be provided when necessary to enable individuals to participate in career service or training activities. All WIOA Title I-enrolled out-of-school young adults, adults, and dislocated workers are eligible for supportive services as defined in WIOA Section 3(59). Needs-Related Payments are a form of specialized supportive services only available to out-of-school young adults, adults, and dislocated workers who are enrolled in training. Needs-Related Payments are intended for participants who demonstrate a dire need and have exhausted all other means of support and must be approved by the Director.

To be eligible for Needs-Related Payments:

Out-of-School Young Adults (ages 18-24) and Adults must:

- a) Be unemployed;
- b) Not qualify for, or have ceased qualifying for, unemployment compensation; and
- c) Be enrolled in a program of training services under WIOA sec. 134(c)(3).

Dislocated Workers must:

- a) Be unemployed, and:
  - (1) Have ceased to qualify for unemployment compensation or trade readjustment allowance under TAA; and
  - (2) Be enrolled in a program of training services under WIOA sec. 134(c)(3);or
- b) Be unemployed and did not qualify for unemployment compensation or trade readjustment assistance under TAA and be enrolled in a program of training services under WIOA sec. 134(c) (3).

***Supportive Services are not an entitlement and must be supported by the demonstration of financial need***, which means that although a participant may be eligible for supportive services, they do not have an unrestricted right to such services. Funds used for supportive services should be utilized in a manner that ***avoids duplication*** of services and must be leveraged with all other resources, including funding from private, community, and faith-based organizations. All supportive services should be considered individually as a unique request, based on individual participant need, and as documented in the Individual Employment Plan.

Supportive Services can be provided to eligible participants to assist them in resolving their barriers while they are enrolled in training and/or transitioning to employment and/or self-sufficiency, and if necessary to enable them to participate in WIOA Title I activities. Supportive services may only be provided to individuals who are unable to obtain supportive services through other programs providing such services, when all other sources of assistance have been exhausted or are unavailable, and are contingent upon funding availability.

## **PROCEDURE**

All Career Center staff and WIOA Service Providers are to comply with the specialized supportive services policy for transportation, child care, dependent care, and housing. The level

of specialized supportive services provided will be determined based on the participant's needs and determined by the dollar amount established by Director of the Career Center based on each individual case. Before providing specialized supportive services to participants, they should be referred to related agencies and attempt to obtain services prior to being assessed by the Career Advisor for supportive services with the use of WIOA funds. All supportive services may be administered in-person or virtually and must be documented in the Individual Employment Plan (IEP), Individual Service Strategy (ISS), Objective Assessment, and NCWorks.gov case notes. When administering supportive services virtually, Local Area WDBs must place special emphasis on employing additional strategies to eliminate the possibility of fraud

If a participant is denied assistance from a partner agency, documentation must be provided in one of three forms:

1. Faxed copy on agency letterhead
2. E-mail from agency
3. Self-attestation \*

\*In addition to the self-attestation form additional documentation in the form of items 1 or 2 listed above must be provided within 14 business days. If the documentation is not provided within the required time frame, the reason should be case noted by the career advisor.

Coordination of resources must be documented in the Individual Employment Plan (IEP) or Individual Service Strategy (ISS). The documentation should address:

- Supportive Services needs and justification
- Coordination process used and the outcomes
- Referrals provided
- Length of time Supportive Services is anticipated to be needed

## **REQUIRED SUPPORTIVE SERVICES**

Required Supportive Services may only be provided to participants when it is necessary to enable individuals to participate in services tied to a specific training. Such needs are typically identified through the assessment process and outlined in the Individual Employment Plan. Required supportive service are payments made on behalf of eligible participants as required to support the individual's employment plan *not to exceed lifetime CAP of \$8K.*

The participant's eligibility related to the service must be documented in the case notes. This justifies the recommendation from the career advisor/program manager. The program manager is responsible for reviewing and approving the voucher, and to ensure all required documents are completed and legible before being uploaded to the NCWorks system. **Required Support Services are as listed:**

- A. Books and Supplies for Training  
Funding utilized to assist a participant attending WIOA approved postsecondary education classes with books, fees (e.g., matriculation, background check, finger

printing, etc.), school supplies and other necessary items related to their education.

B. Educational Testing

Funds may be utilized to assist a participant with the cost of an exam or educational test to enable them to advance along a career or educational pathway (e.g., ACT exams, high school equivalency exams, NCLEX exam, and LPN exams, etc.).

C. Fees for Applications, Tests, and Certifications

Funds may be utilized to assist a participant with the cost of an application, exam or educational test to enable them to advance along a career or educational pathway (e.g., fees for postsecondary applications, re-licensing, drivers' license, back ground checks finger printing, etc.).

D. Medical and Counseling Services

Participants in need of medical or counseling services should be referred to other community medical resources if applicable. The career advisor must ensure WIOA Title I funds are not duplicated medical assistance from another source. Supportive service funds may be utilized to assist a participant with the cost of DOT physicals, drug screens, required immunizations, dental, ophthalmologist, drug and alcohol, mental health and behavioral counseling.

E. Work Attire and Related Costs

Funding utilized to assist a WIOA participant in proper attire for obtaining or maintaining employment, inclusive of tools.

F. Workplace accommodations

Funds may be utilized to assist a participant who needs workplace accommodations to enable them to participate in employment, training, education, work experience, job service office services or job screening. **WIOA Title I funds must not duplicate funds provided by another source.** A referral to Vocational Rehabilitation may be appropriate.

G. Transportation

Bus Pass

Assistance may be provided to assist the participant to get to employment, training, education, work experience, job service, job search or other places that support WIOA activities in the Employment Plan. Transportation assistance may be paid in advance based on a plan for the transportation cost (e.g., <http://www.mapquest.com> or <http://www.randmcnally.com>, etc.). Advances of more than 14 days are not allowed with the exception of monthly bus passes and gas assistance activities.

Gas

Mileage determination (distance) the amount allowable for WIOA assistance is determined based from the participant's home to their destination and back (roundtrip), which is confirmed by <http://www.randmcnally.com> or

<http://www.mapquest.com>; this document must be included with the voucher for reviewing and approval by the program manager.

\*reference transportation assistance

## **TRANSPORTATION ASSISTANCE**

- Transportation assistance may be provided to participants who are engaged in career services or training activities and their income meets the Lower Living Standard Income Level which is determined during the completion of the WIOA application.
- Mileage reimbursement rate for participants is \$.30 per mile up to 35 miles per day for round trip travel from home to the assigned training facility. Mileage reimbursement for driving to and from a training facility is limited to one trip per day to the same training facility.
- The Bi-Weekly Attendance Form (attachment A) must be submitted to the Career Advisor in accordance with the Bi-weekly Payroll schedule. The training institution(s) are responsible for certifying daily time and attendance records of each participant. Periods of absences must be noted on the Bi-Weekly Attendance Form. Participants will not be paid for any absences as the payments are designed to assist them only for the days they attend training.
- Participants enrolled in on-the-job training and transitional work experience are allowed to receive transportation assistance until the participant receives his/her first paycheck.
- In the event the participant does not have his or her own transportation, a monthly bus pass may be issued while the participant is enrolled in a training activity. A bus pass can also be issued to a work experience participant until he/she receives their first paycheck.

## **CHILD CARE/DEPENDENT CARE ASSISTANCE**

- Child/Dependent care assistance may be provided to participants who are attending school full time and are enrolled in WIOA activities.
- Child/Dependent care assistance will be at a rate that is considered usual, reasonable and customary with this geographical area and will be paid directly to the provider.
- Child/Dependent care assistance will be provided only for the days the participant is participating in a WIOA activity. Payments for child care may be required by the DayCare Provider to maintain space for the child even when the child is not in attendance; if this is the policy of the child care provider, verification for such policy must be included in the supportive services request.
- Career Center staff will maintain adequate documentation to support child/dependent care costs. ***The participant will be responsible for any late fees.***
- Career Center staff is required to contact the Department of Social Services to prevent duplication of services. A detailed response should be case noted in NCWorks.
- A written request must be submitted to the Workforce Director. The request should include the following documentation: participant's name, dependent's name and relationship to WIOA participant, and training program. Approval will be contingent on the availability of funds and as has been deemed necessary by the Workforce Development Board Director. Written approval must be uploaded into NCWorks.
- Reference Day Care Procedures (attachment B).

## **NEEDS-RELATED PAYMENTS/EMERGENCY ASSISTANCE**

- Participants may be provided with short-term supportive services payment during emergency situations related to housing, temporary shelter, car repairs, and one-time utility payments, etc.
- Career Center Staff will assist the participant in contacting the appropriate community agencies for assistance. Assistance will only be granted when all other resources have been exhausted or no longer available. There must be a documented need that the individual cannot continue in training without a Needs-Related Payment and that all other services have been exhausted.
- Career Center staff will maintain adequate documentation to support the emergency situation. This may include copies of eviction notice, utility bills, proof of ownership of vehicle, etc. These documents must be uploaded into the participant's NCWorks file with a detailed case note.
- ***Payment or reimbursement of costs for penalties, court costs, and other related criminal fees are not allowable WIOA costs and are the sole responsibility of the participant.***

The participant must provide applicable documentation related to the cost of the request (e.g., bills, three written estimates for repairs, etc.). Individual exceptions may be approved by the Director. All approvals are contingent on funding availability.

### Determination of Needs-Related Payment:

1. Career Advisor is to discuss all options with the participant regarding obtaining financial assistance from family members, friends, other community organizations, etc. before seeking assistance from the NCWorks Career Center.
2. Career Advisor is to contact the Performance Analyst by email to see if Emergency/Needs-Related Payments funds are available.
3. The Career Advisor is to compute family income from all sources for the previous full calendar month using the Resource Worksheet (attachment C). If the Career Advisor determines that the last month's income does not accurately reflect the participant's needs, due to exceptional family circumstances, thorough justification must be documented on the Resource Worksheet showing the income calculation. This form must be signed and dated by both the participant and the Career Advisor.
4. The Career Advisor must verify and document eligibility for Needs-Related Payment via the Needs-Related Payment Support Analysis Form (attachment D).
5. A written request must be submitted to the Performance Analyst. The request should include the following documentation: participant's name, proof of the emergency assistance being requested (must be in participant's name), and all applicable information related to the request, including the Resource Worksheet and Needs-Related Payment Support Analysis Form. Approval will be contingent on the availability of funds.

## **FINISH LINE GRANT**

Through a partnership between the Cumberland County NCWorks Career Center and Fayetteville Technical Community College (aforementioned as FTCC), community college students that encounter unforeseen challenges that hinder their ability to complete their coursework and training may be eligible for a Finish Line Grant up to \$1,000 per semester during the 2020-2021 school year (future funding is contingent upon availability).

Students must:

- Be enrolled and in good standing;
- Have completed 50% of their degree or credential; and,
- A temporary financial emergency.

Students may request Finish Line Grant funds through the Financial Aid office at FTCC via the Finish Line Grant application form (attachment E). A representative of the Financial Aid office will verify and attach supporting documentation that the student is currently enrolled, in good academic standing (2.0 minimum GPA), and has completed 50% of their degree or credential program, and submit the information to the Cumberland County NCWorks Career Center representative.

In all situations, the Career Advisor should ensure that Finish Line Grant funds are not duplicated by another resource. The Career Advisor must complete all WIOA requirements and clearly document the emergent need in case notes. Examples of allowable expenditures for Finish Line Grants include:

- Transportation – transportation assistance may be provided to assist the student to get to the community college or other places that support WIOA activities. Examples are bus passes and gasoline assistance.
- Auto repairs – auto repairs that allow a participant to participate in educational and training activities are allowed. This includes repairs of an immediate need. Normal vehicle maintenance costs are not allowed. If a participant is repairing a personal vehicle, Finish Line Grant funds may be used to purchase the parts. Auto repair may not exceed the amount of the vehicle. It should be taken into consideration if public transportation would be a more feasible option for the participants, and if so, Finish Line Grant funds may not be required.
- Child Care – child care assistance for dependent children ages 12 and under who reside in the home of the student are allowed if other resources are not available. Expenditures may be limited to a daily maximum per child. Birth certificates may be required in order to verify the ages of the children and their relationship to the student. Payments for child care may be required by the provider to maintain space for the child even when the child is not in attendance; if this the policy of the child care provider, verification for such policy must be included in the Finish Line Grant request.
- Dependent Care – dependent care assistance may be utilized to help a participant meet their family care needs during participation in their educational activities. Dependent care service providers should be selected by the student.
- Housing Assistance – housing assistance provided to students allows the student to maintain or obtain adequate or temporary shelter while participating in educational activities. Finish Line Grant funds may not pay for rental deposits or mortgage

payments. Students needing housing assistance should be referred to community housing assistance programs if applicable.

- Accommodations for Individuals with Disabilities – Finish Line Grant funds may be utilized to assist a student who needs accommodations to enable them to participate in their educational activities. A referral to Vocational Rehabilitation may be appropriate, and if so, Finish Line Grant funds would not be required.
- Utility Bills – students may obtain assistance in paying for utility bills (to include internet service), including water, gas, and electric bills.
- Referrals to Health Care – referrals include DOT physicals, drug screens, required immunizations, dental, ophthalmologist, drug and alcohol counseling, mental health counseling, behavioral counseling, etc. and must be directly for the student (not dependents). Students in need of medical or counseling services should be referred to other community medical resources if applicable.
- Assistance with Books and School Supplies – Finish Line Grant funds may be utilized to assist a student attending an approved education class with books, fees, school supplies, and other necessary items related to their education.
- Assistance with Tuition and Fees – in the context that the student has an emergency financial challenge that has negatively impacted the student’s ability to pay for tuition and fees. *Finish Line Grant funds may be used to pay tuition and fees, however, it is not the intent of the grant program to function solely as a scholarship for a student’s tuition and fees.*

Finish Line Grant funds are **not** to be used for student expenses that are not allowed as supportive services, including:

- Titled or deeded items or when recovery of the expense is anticipated (e.g., rent or housing deposits, mortgage payments, property taxes, fines, and late fees).
- Purchase of vehicles.
- Business start-up costs.

## **PAYMENTS**

The WIOA service provider may be reimbursed for supportive service payments and invoices upon compliance with the following requirements:

- The WIOA service provider must ensure that WIOA participants are enrolled and actively participating in an allowable WIOA activity for which support payments have been appropriated.
- The WIOA service provider must document coordination with other agencies to eliminate duplication of services and all documentation must be completed prior to utilizing WIOA funds (e.g., Supportive Services, Needs-Related Payments, Finish Line Grant funds).
- The WIOA service provider must provide proper documentation of any supportive service payments to be submitted to the local area.
- The participant must meet the requirements of the applicable supportive service. The WIOA service provider will secure the participant’s attendance sheets, grades, and all other applicable documentation.



- The WIOA service provider will ensure student emergency requests (e.g., Finish Line Grant) are evaluated and fulfilled within 72 hours of receipt of completed application and acceptable required documentation.
- All emergency assistance payments using Finish Line Grant funds are to be paid directly to the vendor and not to the participant.
- Reimbursement for supportive service payments and invoices are to be submitted monthly to the local area.

### **PREVENTION OF FRAUD**

- The Career Advisor is to verify and document that the participant is not receiving unemployment insurance compensation, TRA, and Needs-Related Payments. Participants cannot receive UI, TAA, TRA, and Needs-Related Payments at the same time.
- The Career Advisor will verify training participation before submission of request.
- The Career Advisor will upload all applicable documentation related to the request into the participant's NCWorks profile and enter applicable case notes.
- In the event of fraud, all WIOA funds obtained from the date of fraud will be subject to collection from appropriate sources and may result in disallowed costs.

### **TERMINATION OF SUPPORTIVE SERVICES**

- Participant indicates he/she is no longer in need of assistance.
- Participant is exited from training.
- Participant forges signatures or intentionally misrepresents activities he/she participated in.
- Participant becomes eligible for assistance from another agency.
- Participant fails to submit time sheets or other required documents required by their Career Services Manager.

### **RIGHT TO REDUCE OR ELIMINATE SUPPORTIVE SERVICES**

The Cumberland County Career Center reserves the right to reduce or eliminate WIOA-funded supportive services in the event funding is reduced or other budgetary constraints exist.

#### **Attachments:**

- A. Bi-Weekly Attendance Form
- B. Day Care Procedures
- C. Resource Worksheet
- D. Needs-Related Payment Support Analysis Form
- E. Finish Line Grant Application Form

#### **Creation Date**

July 2003

#### **Revised Date**

September 2020

Cumberland County NCWorks Career Center  
 414 Ray Avenue  
 Fayetteville, NC 28301  
 (910) 486-1010

Bi-weekly Class Attendance Form

Participant's Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ Career Advisor: \_\_\_\_\_

Training Period from Sunday: \_\_\_\_\_ Thru Saturday: \_\_\_\_\_

**\*\*\* PLEASE HAVE YOUR INSTRUCTOR INITIAL EACH DAY THAT YOU ARE PRESENT IN CLASS \*\*\***

DATE	Mon	Tues	Wed	Thurs	Fri	Sat	Mon	Tues	Wed	Thurs	Fri	Sat
COURSES												
Total hours spent in class each day												
Total for 2 weeks												

Certification

I certify the above attendance record is correct

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

Instructor's Name, Contact Number & Email Address \_\_\_\_\_

## Daycare Procedures

1. Participants must submit a written request that demonstrates a dire need and have exhausted/been denied all other means of support from a partner agency.
2. The participants should submit the denial letter from a partner agency, along with the completed form with daycare information and fee chart for services needed.
3. Verify that the daycare is a state-licensed facility. The NC Division of Child Development website at [www.ccpfc.org](http://www.ccpfc.org) will provide a list of licensed facilities.
  - a. Click on “search for a childcare facility”
  - b. Click or type the name of city or county and click submit
4. Prepare requests for childcare assistance for the Director to approve.
5. Once approved, send the following to the daycare provider:
  - a. The original ITA
  - b. W-9 form
  - c. Example of invoice and daycare attendance sheets

Place in the client’s file:

- a. Copy of ITA
  - b. The original approval memorandum
  - c. The completed child care request form
  - d. Fee chart
6. Contact the daycare to verify vendor status. Contact the applicable Finance Department to verify they are on the vendor list. If not, submit the completed W-9 form to the applicable Finance Department.
7. The daycare provider should submit monthly invoices and attendance sheets for each child in the first week of each month.
8. Check the invoice and attendance sheet for completion. Check the client’s bi-weekly entitlement form to verify the client is attending classes.
9. Forward invoice and daycare attendance sheets to the applicable Finance Department to process payment.
10. Written Authorization is granted by the Director of the Local Workforce Development Board.

Cumberland County NCWorks Career Center  
Resource Worksheet

Monthly Income		Monthly Expenses	
Personal		Rent/Mortgage	
Spouse/Partner		Electricity	
Other Family Members		Heating	
Child Support		Water/Garbage/Sewage	
Social Security		Telephone	
Maintenance/Alimony		Monthly Auto Payment	
Retirement		Day Care	
Workers Compensation		Medical Insurance/medical expenses	
Unemployment Insurance		Monthly credit card payment	
Public Assistance (TANF, Food Stamps, etc.)		Monthly loan payment	
Trade Adjustment Allowance		Food	
Other:		Clothing	
		Fuel	
		Public Transportation	
		Other:	
<b>Total Monthly Income (A)</b>		<b>Total Monthly Expenses (B)</b>	
<b>BALANCE/DEFICIT (A-B):</b>			
Monthly		Weekly	
Weekly Training Expense			
Weekly Needs-Related Payment			

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

-----  
Participant Name                      Participant Signature                      Date

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Career Advisor Name                      Career Advisor Signature                      Date



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## Cumberland County NCWorks Career Center Needs-Related Payment Support Analysis Form

1. Do you currently receive Unemployment Insurance (UI) benefits?  Yes  No
2. Do you currently receive Trade Adjustment Allowances (TAA)?  Yes  No
3. Are you enrolled in full-time occupational skills training?  Yes  No
4. Are you in good academic standing in the enrolled occupational skills training program (e.g., maintaining a 2.0 or better GPA)?  Yes  No
5. Have you exhausted all available funding resources?  Yes  No
6. Do you need income support beyond these other resources in order to participate in training full time?  Yes  No

*Needs-Related Payments are not intended to provide the entire amount of income support you need to complete your training. If you are awarded a Needs-Related Payment, it will be based on this support analysis and budget you provide. These payments are made to help you while making satisfactory progress while attending the training.*

*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 Needs-Related Payments. Any overpayments or fraud based on my false or misleading answers could result in my repayment of any assistance provided.*

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Participant Name

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Participant Signature

-----  
Date

-----  
Career Advisor Name

-----  
Career Advisor Signature

-----  
Date

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Equal Opportunity Employer/Program  
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**FINISH LINE GRANT**  
 (A Workforce Innovation & Opportunity Act initiative)  
**Emergency Assistance Application**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ or Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Have you ever received assistance through the Finish Line Grant?  Yes  No

If yes, when?  Fall  Spring  Summer  Other \_\_\_\_\_ Year: \_\_\_\_\_

Family/Household Size: \_\_\_\_\_ Annual Income: \_\_\_\_\_

(Number of individuals related to you by blood/marriage/court decree residing in the same home)

Briefly explain your emergency and how this will impact your ability to continue with your training:

*I certify that the information on this request for assistance is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of any assistance. I give permission for the release and disclosure of information as it relates to the determination of my eligibility for assistance through the WIOA Finish Line Grant.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed and verified by Authorized Community College/NCWorks Career Center Staff**

Total amount requested: \_\_\_\_\_

Category of Student Need:  Transportation  Housing  Child/Dependent Care  Other: \_\_\_\_\_

Has acceptable documentation of this emergency need and unavailability of other resources been secured?  Yes  No

Date received: \_\_\_\_\_

Curriculum/Course student is enrolled in: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Has the student completed 75% of their degree/credential?  Yes  No

Current GPA: \_\_\_\_\_ Is the student currently in good academic standing?  Yes  No

*I certify that the information on this request for assistance provided by the community college is accurate and has been verified.*

\_\_\_\_\_  
Signature of Authorized Community College Staff

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Outcome of request: Request Approved:  Yes  No

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

\_\_\_\_\_  
Signature of Authorized NCWorks Career Center Staff

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title