

SUPPORTIVE SERVICES REQUEST

PARTICIPANT INFORMATION	
Head of Household Name: _____	Amount Requested: \$ _____
Name(s) of Adult/Child Service is Intended for: _____	
I am requesting assistance with the following supportive service (please only check one request per form):	
<input type="checkbox"/> CHILD CARE: Initial request only. Provider/Facility Name: _____ <i>*Required Documentation: Initial-Provider Information form, copy of license/rate sheet/contract (if applicable), Child Care Support Service Agreement, Vendor ID, W-9; Payment-Provider Attendance Sheet/Invoice, invoice (if applicable), Participant's Attendance Sheet</i>	
<input type="checkbox"/> CLOTHING: <input type="checkbox"/> Child <input type="checkbox"/> Adult (specify need): _____ <i>*Required Documentation: Print-outs of types of clothing requested (i.e. from store's online shopping cart)</i>	
<input type="checkbox"/> EDUCATION (ADULT)/YOUTH TUTORING: School/Program Name: _____ <i>*Required Documentation: Information on 3 different schools/vocational programs, enrollment verification, FAFSA award letter or proof of the unavailability of financial assistance (if applicable), tuition/fees invoice, Vendor ID, W-9</i>	
<input type="checkbox"/> ESSENTIAL PERSONAL/HOUSEHOLD ITEMS (specify need): _____ <i>*Required Documentation (applicable to most household items): 3 current procurements, home visit, Vendor ID/W-9</i>	
<input type="checkbox"/> FAMILY COUNSELING (specify need): _____ <i>*Required Documentation: Invoice, Vendor ID, W-9</i>	
<input type="checkbox"/> HOUSING/SHELTER (specify need): _____ <i>*Required Documentation: Copy of the lease agreement/letter from the shelter/invoice, budget review (if applicable), Vendor ID, W-9</i>	
<input type="checkbox"/> TRANSPORTATION: <input type="checkbox"/> Bus Pass <input type="checkbox"/> Fuel Assistance <i>*Required Documentation: Calendar of activities, Fuel Assistance Worksheet, (N/A bus pass)</i>	
<input type="checkbox"/> UTILITY: <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Water <input type="checkbox"/> Phone <input type="checkbox"/> Electricity <input type="checkbox"/> Internet Is utility bill past due/delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you request an extension? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date extension expires: _____ <i>*Required Documentation: Current invoice/bill, budget review, Vendor ID (if applicable), W-9 (if applicable)</i>	
<input type="checkbox"/> VEHICLE REPAIR: Make/Model: _____ Year: _____ Miles: _____ <i>*Required Documentation: Verification insurance and driver license is current, 3 current estimates, Vendor ID, W-9</i>	
<input type="checkbox"/> VEHICLE REGISTRATION/INSURANCE/LICENSE CURES (specify need): _____ <i>*Required Documentation: Current invoice/bill under the name of participant, delinquency/expiration notice, current license, title/lease</i>	
<input type="checkbox"/> WORK SUPPORTS: <input type="checkbox"/> Tools/Equipment <input type="checkbox"/> Professional License Fees <input type="checkbox"/> Document Fees <input type="checkbox"/> Other _____ <i>*Required Documentation: Print-out from employer illustrating specific needs, 3 procurements for tools/equipment</i>	

Have you exhausted all available community resources? ☐ Yes ☐ No

If yes, please list the agencies you contacted: _____

Explain why assistance is needed based on your monthly budget? _____

How will this service support your Personal Responsibility Plan (PRP) or meet your family's needs? _____

I agree to provide itemized receipts for the total amount of assistance within 30 calendar days of receiving the funds via check/gift card/pay-card deposit. I understand that failure to provide receipts or any misuse of funds may affect my eligibility to receive future supportive services and/or result in benefit reductions or recoupment.

Signature: _____ Date: _____

***Disclaimer:** Submission of a Supportive Services Request is not a guarantee of approval. MTTP may request additional documentation in order to demonstrate a need for each service requested. Failure to supply all required documentation along with the request will further delay processing. Please allow 2-3 weeks processing time if approved; efforts will be made to expedite funding. If prior to MTTP notice indicating approval, the participant commits to a service, enters into an agreement or incurs a debt, the participant is obligated to pay it, not MTTP.*

MTTP USE ONLY	
ATTENTION CASE ADVOCATE: Prior to processing the request, please confirm that supportive service(s) meet PRP requirements/goals and that participant has demonstrated need and exhausted all other resources. Any outstanding reconciliations should be addressed; supportive service history must be reviewed to ensure funds are available within policy limitations.	
<input type="checkbox"/> Approved: Process RSS in TAS and cite policy and justification for expenditure on RSS; image all required documents including SSR with required supporting documentation.	
<input type="checkbox"/> Denied Reason for denial: _____	NOA Mailed: _____