**Request for Supportive Services 7-10: *Only* for eligible WIOA enrolled OSY**

 ***(Keep in youth hard file.)***

**Program Navigator(s):** **(Claim voucher)*:*** *Complete request in full and document on OSOS with specific supportive service and comment (SENSE Model).*

**Suggested maximum total per youth enrollment for the WIOA supportive services 7-10 disbursement: Three-hundred dollars ($300) based on budget** **dollars availability.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Name and OSOS ID NY#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligibility Review for WIOA enrolled OSY:**

Please check off/circle and complete applicable sections below:

* Active Status Youth *or* Youth in Follow Up Status
* Good standing in program: Engaged
* On track to meeting youth performance indicator (s)

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services 7-10** | **Item/Fee** | **Document Reason** | **Amount**  |
| 7: Assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear including appropriate clothing (i.e. intimate apparel: female/male underwear) or shoes to attend program activities or interviews. |  | *Training, job search/interview, employment, or, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| 8: Assistance with educational testing |  | *Training, job search/interview, employment, or, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| 9: Assistance with Books, fees, school supplies, and other necessary items for students enrolled in post-secondary education classes |  | *Training, job search/interview, employment, or, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| 10: Payments and fees for employment and training related applications, tests, and certifications (see page 4: covered payments/fees) |  | *Training, job search/interview, employment, or, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |

**Check:**

* **Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Memo line: Youth Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit card: Business: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (receipt: file)**

***Verification and Approval:***

*Prepared by: (signature and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Administrator approved (signature and date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*