

☐ Change to original request

Program: ☐ AP ☐ DW ☐ YP ☐ TechHire

**Client Information**

Name: \_\_\_\_\_ ASSET PIN: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Duration and Type**

**Need:** ☐ During school program ☐ During job search ☐ Start of job through first paycheck

**Type:** ☐ Reimbursement (training only) ☐ Gas card ☐ Taxi ticket ☐ Bus pass

Amount requested for job search or start of job search: ☐ \$20 ☐ \$40 ☐ \$60 ☐ Other \_\_\_\_\_

Bus or Taxi for school: (Trips per day \_\_\_\_\_ X Cost Per Trip \$ \_\_\_\_\_ )/2 \_\_\_\_\_ = Daily Cost \$ \_\_\_\_\_

**Reimbursement during school:**

Training Agency 1: \_\_\_\_\_ City: \_\_\_\_\_

Home to Training 1 = \_\_\_\_\_ miles round trip, subtract 16 miles = \_\_\_\_\_ X .12 = Daily Rate \$ \_\_\_\_\_  
Example: home to training = 50 - 16 = 34 X .12 = \$4.08)

Training Agency 2: \_\_\_\_\_ City: \_\_\_\_\_

Home to Training 2 = \_\_\_\_\_ miles round trip, subtract 16 miles = \_\_\_\_\_ X .12 = Daily Rate \$ \_\_\_\_\_

Training Agency 3: \_\_\_\_\_ City: \_\_\_\_\_

Home to Training 3 = \_\_\_\_\_ miles round trip, subtract 16 miles = \_\_\_\_\_ X .12 = Daily Rate \$ \_\_\_\_\_

I certify that:

- I am in need of this assistance in order to successfully complete WIOA services and am not able to receive assistance through any other programs or sources.
- For reimbursements: The distances indicated above are correct to the best of my knowledge
- For a bus pass or taxi: I certify that I will ride a bus/taxi for the above trips and that the cost indicated above is correct
- I understand that if I receive payment under false or fraudulent pretenses, that I must refund the payments and that I may be liable for prosecution.

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

Date \_\_\_\_\_

I acknowledge that I have received the ☐ gas cards, ☐ bus passes or ☐ taxi tickets listed above:

Voucher number(s): \_\_\_\_\_

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

Date \_\_\_\_\_

**For Office Use only:**

Career Planner: Participant is in need of transportation assistance (documented on IEP and in case notes), is eligible to receive services, it has been demonstrated that other resources are not available and I have fully explained the requirements

Career Planner: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer: ☐ Eligible ☐ Not eligible for reimbursement because: \_\_\_\_\_

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

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

