



WIA REQUEST FOR NEEDS RELATED SERVICES REIMBURSEMENT

Please return original form to the WIA Counselor

NAME _____ WIA COUNSELOR _____

ADDRESS _____ NY# _____

CITY _____ ZIP CODE _____ PHONE# _____

TRAINING PROVIDER/PROGRAM/DATES _____

WIA ELIGIBLE FUNDING STREAM _____

FOR INITIAL CLAIM:

I certify that I have been denied and provided proof of being ineligible for cash payments by all other relevant social/human service entities such as the local Department of Social Services for reasons other than non compliance, VESID, Workers Compensation, NYS Disability, etc. (this list should not be considered all inclusive, it is intended to be used as a guide) _____ (participant signature)

UI Benefits are fully exhausted _____ (participant initials)

PAYMENT OF NEEDS RELATED SERVICES: Payment of \$150.00 per week (or actual UI rate as determined by the NYS UI Division, whichever is less) available to all eligible participants on a bi-weekly basis while maintaining attendance in an approved training a minimum of 12 hours per week, and if they meet the criteria as laid out in NRP policy:

COUNSELOR CERTIFICATION: Counselor has explained the policy to participant collected reasonable proof of claim.

Signature/Date _____ CSS WF NY Administration

PARTICIPANT CERTIFICATION

I, _____ certify that all information provided is correct and am liable for reimbursement of said funds to CSS Workforce New York if funding becomes available during the dates specified. (Obtaining benefits by false statements is a crime.) This form must be accompanied by the completed attendance verification form. I understand this form **must** be complete, original, written in pen and received within 1 week of the last attendance date.

Participant signature _____ Date _____

STAFF USE ONLY BELOW

TOTAL ALLOWABLE – Needs Related Services (Up to \$150 per week paid bi-weekly)

TOTAL – Fiscal Office:

CSS FORMAL APPROVAL

Signature/Date _____ CSS WF NY Administration