IEP/FINANCIAL ASSISTANCE (Training/Supportive Services) TEMPLATE

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FINANCIAL NEEDS ASSESSMENT RESULTS

Scan the Financial Needs Assessment(s) into CalJOBS. Financial Needs Assessment only valid for 90 days for any request. For request beyond the original 90 day time frame, it will be necessary to complete a new financial assessment for additional requests.

Date:

Income $\_\_\_\_\_\_\_\_\_\_\_Expenses $ \_\_\_\_\_\_\_\_\_\_\_ Outcome $\_(-/+)\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Income $\_\_\_\_\_\_\_\_\_\_\_Expenses $ \_\_\_\_\_\_\_\_\_\_\_ Outcome $\_(-/+)\_\_\_\_\_\_\_\_\_\_\_\_

JUSTIFICATION FOR SUPPORTIVE SERVICES

Supportive Services or Scrip needed for participation in (insert activity).

Explain the customer’s plan(s) to make necessary adjustments and/or steps to balance income and expenses: (For multiple requests, add the date for each request. This date should correspond to each supportive service Award Date.)

Date:

Support Service or Scrip Need

Date: Amount $

Alternative Funding Sources Addressed ( ) yes ( ) no

JUSTIFICATION FOR TRAINING SERVICES

Complete applicable sections:

1. Scholarship Packet ()yes ()no Not Required for OJT or Vendor Services
2. Alternative Funding Sources Addressed ( ) yes ( )no
3. List planned services to overcome barriers and achieve customer’s Immediate Occupational Goal. If entering training, include services planned after classroom training.
4. If the financial assessment is negative, explain how customer will support self while in training.
5. Provide clear and complete statement explaining how training will help the customer become financially self-sufficient. Include opportunities for employment and career growth that will be gained from the training to meet goals:
6. List OJT training provider, occupation, OJT wages/hrs., and dates of training (start/end).
7. List training provider, area of study, and dates of training (start/end).

LTPL training provider () yes ()No

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FINANCIAL ASSISTANCE AWARDS- Cumulative for all funds awarded

Please document each financial assistance award obligated, distributed, and provided. Include dates, amounts awarded by the SWAJCC and amounts awarded by other funding sources, and coach name for each entry. In addition, for Incentives Only, Benchmarks must be identified and verification scanned into CalJOBS for each incentive provided.

1. SCHOLARSHIP

Date Awarded: Coach Name:

SWAJCC amount:\_\_\_\_\_\_\_\_ Other funding sources amount:\_\_\_\_\_\_\_\_\_

100% is awarded by other funding sources () yes

1. SUPPORT SERVICES (not to exceed $2500. Management approval required for requests above $2500)

Date Awarded: Amount: $\_\_\_\_\_\_ Coach Name:

Date Awarded: Amount: $\_\_\_\_\_\_ Coach Name:

Date Awarded: Amount: $\_\_\_\_\_\_ Coach Name:

For those provided below, indicate by checking (yes) and complete the Scrip Template with dates of award.

c. SCRIP () yes

d. BUS PASSES () yes

e. INCENTIVES () yes