

## REQUEST FOR SUPPORTIVE SERVICES

I, \_\_\_\_\_ am requesting the following Supportive Services. These supportive services are necessary for my participation in the South Central Workforce Investment Board (SCWIB) Workforce Investment Act (WIA) activities and are not available from any other source in the community.

Requested Supportive Services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that these services will only be provided while I am participating in WIA required activities. That I must complete the additional forms necessary to access the Supportive Services and that these services are only available as funding allows and are not guaranteed.

By signing below I acknowledge that staff explained the SCWIB Supportive Service policy and procedures. I also acknowledge that falsifying or submitting a fraudulent claim for Supportive Services may result in my prosecution.

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Participant Signature	Printed Name	Date
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### ***To Be Completed By Missouri Career System Staff:***

The above requested services are necessary for the participant to complete the required WIA activities and are not available from another source in the community.

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Staff Signature	Printed Name	Date
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*"Equal Opportunity Employer (EOE)/Program" and "Auxiliary aids and services available upon request to individuals with disabilities"*