|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer First & Last Name:** | **Referral Number:** | | | **Number of JOBS Months:** | | | | **Date funds Need by:** |
| Enter text. | Enter text. | | | Enter text. | | | | Enter a date. |
| **Is the customer compliant?** | **Is there a signed and current EP?** | | | | **Has the TANF Ap. been approved?** | | | |
|  |  | | | |  | | | |
| **Program (check one):** | | | | | **Vendor:** | | | |
|  | | | | | Enter Text | | | |
| **Total Amount of Bill:** | **Customer Contribution:** | | | | **If Yes, how much?** | | | |
| $Enter Total without tax |  | | | | $Enter Total | | | |
| **JOBS SUPPORT SERVICES REQUESTED** | | | **AMOUNT REQUESTED** | | | **AMOUNT USED- Fiscal Year** | | |
| Choose an item. | | | $ Enter Total | | | $ Enter Total | | |
| **XROADS SUPPORT SERVICES REQUESTED** | | | **AMOUNT REQUESTED** | | | **AMOUNT USED- Fiscal Year** | | |
| Choose an item. | | | $Enter Total | | | $ Enter Total | | |
| Choose an item. | | | $Enter Total | | | $ Enter Total | | |
| **Description of Circumstance:** (Please provide a brief description on each request for supportive services. For bills that require ongoing payment please provide an explanation as to how the bill will be maintained in the future.) | | | | | | | | |
| Employment Specialist Name: | | | | | | | Date: Enter Date. | |
| Approved by:(DOS) | | Date Approved: | | | | | Date Inputted in Database: | |
| Approved by: (OO/VP) | | Date Approved: | | | | | Date Inputted in Database: | |