|  |  |  |  |
| --- | --- | --- | --- |
| **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: |