



Support Service Award Contract

Customer Name (First, MI, Last)		TWIST ID		DOB	
Career Office		Staff Name		<input type="checkbox"/> Short Term <input type="checkbox"/> Substantial	
<input type="checkbox"/> TANF/Choices	<input type="checkbox"/> ABAWD <input type="checkbox"/> Gen Pop	<input type="checkbox"/> WIOA <input type="checkbox"/> Adult <input type="checkbox"/> DW	<input type="checkbox"/> OSY <input type="checkbox"/> ISY	<input type="checkbox"/> Other	
<input type="checkbox"/> Transportation Amount		<input type="checkbox"/> Work Related/Training Amount		<input type="checkbox"/> Check Request	
<input type="checkbox"/> Metro Bus Pass \$ _____		<input type="checkbox"/> Wal-Mart \$ _____		Payee: _____	
<input type="checkbox"/> Chevron Gas Card \$ _____		<input type="checkbox"/> Target \$ _____		_____	
<input type="checkbox"/> Exxon Gas Card \$ _____		<input type="checkbox"/> JcPenney \$ _____		Address: _____	
<input type="checkbox"/> Other/Be Specific: \$ _____		<input type="checkbox"/> Home Depot \$ _____		_____	
_____ \$ _____		<input type="checkbox"/> Other/Be Specific: \$ _____		City, State & Zip: _____	
_____ \$ _____		_____ \$ _____		_____	
<input type="checkbox"/> Reloadable Card (Last 4 digits) # _____		<input type="checkbox"/> Reloadable Card (Last 4 digits) # _____		Phone #: _____	
Reload Amount \$ _____		Reload Amount \$ _____		Contact Person: _____	
Expiration Date _____		Expiration Date _____		Amount: \$ _____	
Explanation of need for Financial Aid: _____					

Customer Acknowledgement

☐ I understand that I must use the financial assistance provided to me for the purposes stated above. Staff may ask for documentation that I used the financial assistance for the intended purpose. If it is discovered I did use this financial assistance provided to me for other purposes, I will be held responsible for repaying the amount provided and risk losing any additional assistance from Workforce Solutions including but not limited to: child care, training assistance, work support.

☐ I understand that I must use the cash card for the intended purpose. If I use the cash card for any purposes not covered by this agreement, I will be responsible for repaying those costs and risk losing any additional assistance from Workforce Solutions including but not limited to: child care, training assistance, work support.

Printed Customer Name

Customer Signature and Date

Staff Verification:

New Customer

- ☐ Orientation to Complaint Form
- ☐ Determined eligible for financial assistance (Short-term or substantial)
 - ☐ Addendum and documents to satisfy work status (Short-term)
 - ☐ Call Center determination of eligibility (Substantial)
 - ☐ Career Office/Tracking Unit determination of eligibility
- ☐ New Reloadable Card documents
- ☐ Limits Verified (TWIST) (FAMS)
- ☐ Job Search WIT Application activated (if applicable)
- ☐ Counselor Note
- ☐ Financial Aid Application (if applicable)

Continuing Customer Requesting Additional Services

- ☐ Opened Service Tracking
- ☐ Limits Verified (TWIST) (FAMS)
- ☐ New Reloadable Card documents
- ☐ Fund Source Matches TWIST (if applicable)
- ☐ Job Search WIT Application activated(if applicable)
- ☐ Map Quest printout (if applicable)
- ☐ Counselor Note
- ☐ Financial Aid Application (if applicable)

Requesting Staff:

Reviewed By:

Staff Signature and Date

Signature of Authorized Staff and Date