



**Ohio Valley Employment Resource  
Supportive Service Need Documentation**



**Participant Name:** \_\_\_\_\_

**Program:**    **Adult**            **DW**            **Youth**            **Youth in follow-up**            **(Circle)**

**Based on the participant’s WIOA plan, the following supportive services are needed:**

Type(s) of supportive service:	Transportation
	Child Care
	Tools/uniforms
	Other
	Other

**Comments:** \_\_\_\_\_

<b>Is the individual able to obtain the needed supportive service from other programs:</b>	<b>Yes</b>	<b>No</b>
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<b>Is the supportive service(s) indicated above necessary for the individual to participate in WIOA plan:</b>	<b>Yes</b>	<b>No</b>
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**The following supportive services have been identified to assist in my success in the WIOA program. I am aware that the Workforce Innovation and Opportunity Act strictly prohibits fraud and other abuses, and provides criminal penalties for violators. It is my responsibility to submit complete, accurate and timely reports to receive supportive service payments. If child care is included in my supportive services, I solely made the decision to choose my child care provider.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Case Manager Signature**

\_\_\_\_\_  
**Date**