Needs Related Payment Request and Authorization

Section 1: Participant & Training Information

Participant Name		Case ID	
Program		Assigned Staff	
Training Program/Provider		Expected End Date	
Enrollment Status	☐Active/Enrolled ☐Semester Break (dates:_____) ☐ Other:_____		

Section 2: Identified Need

Describe the participant's specific need and how it affects their ability to stay enrolled in training.

Requirements Checklist - All must be **YES** to proceed	Response	If **NO**, then
Participant is unemployed.	☐Yes ☐No	Need does not qualify. Consider other services.
Participant is not receiving un-employment or Trade Adjustment Re-allowances.	☐Yes ☐No	Need does not qualify. Consider other services.
The identified need directly affects participation in/ completion of training.	☐Yes ☐No	Need does not qualify. Consider other services.
Participant is currently enrolled in training (or in a scheduled break within/between semesters or will begin in 30 calendar days).	☐Yes ☐No	Do not issue needs related payment. Enrollment required.
Other supportive service categories have been explored and do not cover this need.	☐Yes ☐No	Exhaust other services first; document efforts.
Non-WIOA / community resources are unavailable or insufficient to meet this need.	☐Yes ☐No	Utilize available external resources first.
Total needs related payment issued this program year (including this request) will not exceed $1,000.	☐Yes ☐No	Cap reached. Payment cannot be issued.

Why can't this need be met through another supportive service category or a non-WIOA/community resource (not otherwise described above)?

Section 4: Request Details

Amount Requested	$	Payment Method	☐Check ☐Gift Card ☐Direct Pay
Payment Frequency	☐One time ☐Weekly ☐Monthly ☐Other:_____		

Section 5: Authorization

By signing, I certify all criteria above are met, documentation is complete, and this payment complies with applicable policy.

Assigned Staff Signature		Date	
Supervisor Printed Name			
Supervisor Signature		Date	

Form Date: 03.06.26