



Supportive Services Application Packet

Dear Applicant:

Supportive Services assistance may only be provided for the express purpose of completing training, or obtaining or retaining employment. Services covered include, but are not limited to, transportation, childcare/ dependent care, tools, uniforms and other needs-related payments. To ensure that you have a need for this service, we ask that you complete the following forms:

Individual Service Strategy – will give a snap shot of your background, needs, barriers, and goals.

Household Listing- it is important to determine your “family” size for the purpose of income eligibility. Please be sure to read the definition of a “family” at the top of the form.

Alternate Contact Form – List three emergency contacts.

Workforce Innovation and Opportunity Act (WIOA) is reserved as the payer of last resort; therefore, you must provide documented proof that other resources are not available. **Any applicant requesting assistance for childcare MUST show proof that state childcare assistance has been denied.**

To submit an application, the forms listed above and the required documents on the enclosed list must be returned to Employ BR. Also be advised that incomplete applications and/or documents will not be accepted.

Applications can be submitted to either office from Monday – Wednesday, Friday 8am – 4pm, and Thursday 8am – 1pm:

4523 Plank Road
Baton Rouge, LA 70805
(225) 358-4579

1991 Wooddale Boulevard
Baton Rouge, LA 70806
(225) 925-4312

PROCESSING STEPS

When returning a completed application, there will be a quick review to ensure you have all required documentation. You will be assigned a case manager, who will contact you within two (2) business days to schedule an appointment to review your information, determine eligibility, complete a comprehensive assessment, and begin an individual employment plan. Applications for all eligible applicants will be submitted for approval. If approved, you will be contacted to sign final agreement.

Revised January 26, 2016

Submission of an application does not guarantee receipt of a supportive services award.
Please note, you will be fully responsible for any expenses incurred prior to receiving approval.

FREQUENTLY ASKED QUESTIONS

Can documents on the required document list be substituted?

Yes. If you are having problems obtaining the required documentation there are alternative documents that can be used. Please see a case manager for more details.

Thank you for your interest,

Employ BR Staff

Revised January26, 2015



List of Acceptable Documents for Supportive Services

To determine eligibility, we must verify the following items:

Please provide ONE document from each section

Proof of Enrollment or Employment/Offer of Employment

- Letter from employer on company letterhead which includes (anticipated) start date, job title, rate of pay and required items
- Letter from training provider which includes anticipated completion date, program information, and detailed list of required items

Social Security Number (for applicant and all immediate family members in household):

- Social Security Card
- Passport
- Military ID/Federal or State ID with SSN

Address (proof of East Baton Rouge parish residency):

- Voter Registration Card/printout
- Driver's License
- Food Stamp Award Letter
- Homeless – Primary Nighttime Residence
- Housing Authority Verification
- Landlord Statements
- Lease
- Letter From Social Service Agency or School
- Utility Bill
- Postmarked Mail Addressed to Applicant (within 30 days)

Date of Birth:

- Birth Certificate
- DD-214
- License
- Federal, State or Local Government ID Card
- Passport

Selective Service Registration (for males born after January 1, 1960):

- Selective Service Acknowledgement Letter
- DD-214
- Selective Service Verification Form (can be printed from www.sss.gov)
- Selective Service Request for Registration Acknowledgement Letter

Military Service (if applicable):

- DD-214

Citizenship:

- Alien Registration Card
- Birth Certificate
- DD-214
- Naturalization Certification
- United States Passport
- Voter Registration Card/printout

Income for the last 6 months for self (and spouse, if applicable):

PLEASE PROVIDE ALL THAT APPLY

- Unemployment records and/or printout
- Check Stubs for all jobs
- Food Stamp award letter or printout
- TANF award letter or printout
- SSI award letter or printout
- SSDI award letter or printout
- Alimony
- Workers' Compensation Records
- Pension/Annuity Statement

Education (if applicable)

- Copy of Diploma or Equivalency Diploma
- High School records/transcript

3 Alternate Contacts:

- Need name, phone number, and relationship

This list is not all inclusive. There are other documents that can be substituted to meet eligibility requirements; these are the most commonly used documents. For a list of other documents, please contact EmployBR.

Household Listing & Income Form

List all family members living in your home. FAMILY – the term ‘family’ means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (A) A husband, wife, and dependent children; (B) A parent or guardian and dependent children; (C) A husband and wife; (D) Single adult 18 years of age and older.

***Please attach supporting documentation for income (refer to required documentation list)**

Name	Age	Relation to Applicant	Social Security Number <i>(for anyone 14 years and over)</i>	Income Amount for Last Six (6) months	Source of Income

Total 6 Months Income: \$ _____ x 2 = \$ _____
Total Annualized Income

I attest that this form was completed to the best of my ability, and I understood that fraudulent information will jeopardize my ability to receive WIOA funding.

 Applicant's Signature Date

Staff Use Only
 Total Annualized Income: \$ _____ *per your income calculation form*

Received by: _____
Career Consultant's Signature Date

Individual Service Strategy

Date Plan Began: _____

Name: _____ SSN: _____

Contact Number: _____ Email Address: _____

I. Education/Training

A. Did you complete high school or get a GED? Yes ___ No ___

If not, what was the last grade you completed? _____

B. Have you received any post-high school education or training? Yes ___ No ___

What training? _____

What school? _____ Did you complete? Yes ___ No ___

C. What, if any, occupational license or skills certifications do you possess (ex: LPN, welding, nurse aide, cosmetology, etc.)? _____

D. Are you currently attending any school, training, or educational classes? _____

What training? _____ What school? _____

E. What, if any, training or education would you require to attain a career goal and self-sufficiency? _____

II. Skills/Experience

A. What job experience and/ or occupational skills do you currently possess?

B. Do your skills/experience qualify you for employment at an adequate wage? _____
Do you have a disability or personal circumstance that will prevent you from returning to a previously held occupation? Yes ___ No ___
If so, explain. _____

C. Do you have experience and skills that are not marketable in the current labor market? _____ If so, explain. _____

D. Do you possess good job search skills such as interviewing, completing applications, resume writing, etc.? _____ Explain: _____

E. Have you encountered problems with supervisors/co-workers in the past? _____

Explain: _____

F. Have personal problems unrelated to the job interfered with employment in the past? _____ Explain: _____

G. Have you ever been fired? _____ Explain: _____

III. Employment History

(Please begin with current or most recent employer.)

Name of company:	City, State:
Job Title:	Dates: From: To:
Reason for Leaving:	
Duties:	

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Duties:		

IV. Job Goals

- A. What is your occupational goal? _____
- B. What wage will you require to be self-sufficient? _____
- C. Name three specific personal goals that you hope to achieve as a result of working. (ex: car, home, vacation, independence, pay bills, etc.)
 - 1. _____
 - 2. _____
 - 3. _____

Employment Challenges

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Language |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Poor English Skills |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Health/Physical Limitations |
| <input type="checkbox"/> Ex-Offender | <input type="checkbox"/> Mental/Emotional |
| <input type="checkbox"/> Lack of Experience | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Lack of References | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Lack of Skills | <input type="checkbox"/> Addictions (Drug, Alcohol, Gambling etc.) |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Other: _____ |
| | _____ |
| | _____ |

V. Occupational Preference

Check all that apply.

- A. I like working with **data and information**. This includes factual information, numbers, specifications, research or data based information, codes, measurements, etc. *Examples of this type of job may include accountant, bookkeeper, credit reporter, purchaser, claim adjuster, economist, etc.*
 Yes ___ No ___

Comments: _____

B. I like working with **people**. This includes working directly with people or helping people. *Examples of this type of job may include social worker, teacher, nurse, policeman, waitress, receptionist, etc.*

Yes ___ No ___

Comments: _____

C. I like working with **things**. This includes working with machinery, office equipment, shovels, tools trucks, etc. *Examples of this type of job may include construction trades, air conditioning and heating technicians, auto mechanics, auto body repairers, electricians, welders, truck drivers, computer repairers, machinists, general labors, etc.*

Yes ___ No ___

Comments: _____

VI. Supportive Service Needs Checklist

Check any issues listed below for which you have a need at this time.

Health

(Case Manager Notes)

- ___ Get an eye exam/eye glasses
- ___ See a doctor for myself
- ___ See a doctor for my child
- ___ Reduce my alcohol use
- ___ Reduce my drug use
- ___ Get my teeth fixed, go to a dentist
- ___ Get personal grooming/hygiene items
(makeup, toothpaste, soap, deodorant, etc.)
- ___ Needs special adaptations for work skills
Because of disability

Housing

- ___ Pay past due utilities
- ___ Pay rent
- ___ Reduce housing costs
- ___ Emergency/temporary housing

Legal

- Get protection from a violent person _____
- Take care of my legal problems _____

Family

- Learn how to control my anger _____
- Provide basic essentials for family
(food, shelter, clothing) _____
- Needs child care for children _____
- Learn money management skills _____

Transportation (Need for reliable transportation)

- Obtain driver's license _____
- Get help with bus passes _____

Please indicate any special concerns not addressed in the above list.

Completed by Career Center Staff Only

VII. Action Plan

Education/Training Goals

Employment/Career Goals

Support Services

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Other Referrals

Workshops 1. _____ 2. _____ 3. _____	Business Service Team Job Referral OJT	Assessments Skills Matching Career Explorer Career Informer Career Tips TABE SAGE WorkKeys Financial Services
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Member's Signature

Date

Case Manager Signature

Date

R&P Case Manager Signature

Date

Alternate Contact Form

List three alternate contact persons. Please print legibly.

Contact 1

*Name: _____ *Relationship to You: _____

*Phone Number: _____ Address: _____

Contact 2

*Name: _____ *Relationship to You: _____

*Phone Number: _____ Address: _____

Contact 3

*Name: _____ *Relationship to You: _____

*Phone Number: _____ Address: _____
