



PACMTN WORKFORCE DEVELOPMENT COUNCIL
Waiver Request - Youth Programs

Date: Contractor & Program:

Contact Person: Phone: Email:

Applicant: WIT ID:

Check the reason for Waiver and attach documentation to substantiate the justification:

- Request for permission to exceed Supportive Service maximum amount of \$1000 per program year per participant. In the Justification Section please include: Length of time on program and previous support provided (type of support and total support expended)
Request the ability to utilize the Pacific Mountain WDC Self Attestation Form to verify the following eligibility criteria:
Additional Assistance Request: Eligibility approval for an In-School Youth (Under PacMtn WDC Eligibility Policy Guideline Category 7) who is determined to require additional assistance to complete an educational program or to secure or hold employment. Please include any documentation (if applicable) that would verify the reason for the additional assistance needed.
Requesting exemption from low-income requirement per PacMtn WDC Eligibility Policy (For in-school youth or out-of-school youth in Category 3 or 8). Please include any documentation (if applicable) that would verify the reason for the exemption.
Other (List)

JUSTIFICATION FOR WAIVER:

Multiple horizontal lines for justification text.

Program Staff Date
Program Manager/Supervisor/Lead Approved Denied Date
PacMtn Assoc. Senior Director - Priority Populations Approved Denied Date