



**ATTACHMENT 1
Pacific Mountain WDC (PacMtn)
Waiver Request**

Required whenever the total cumulative support total exceeds \$1,500 allowable limit

PROGRAM OPERATOR: _____ **DATE:** _____

CONTACT: _____ **PHONE:** _____

PARTICIPANT:

Name: _____

Program: _____ Program Enrollment Date: _____

Current status in program - Where are they in their Individual Participant Plan: (In training, in job search, pre-exit, etc.?)

Please explain: _____

Co-enrolled: Yes ___ No ___ (If Yes, other program), _____

Total Support Services (\$) Provided To Date _____

JUSTIFICATION OF WAIVER

Program Staff

APPROVED

DENIED

DATE

Program Operator

APPROVED

DENIED

DATE

PacMtn Administration

APPROVED

DENIED

DATE