Attachment 2

Pacific Mountain WDC (PacMtn) Training or Support Service Request

Supportive services may be provided only when the service is allowable, reasonable, and justifiable and is not available through another resource.

Ensure the participant has been provided the Community Resource information on the low cost and/or free services available locally. These services should be utilized prior to program support whenever possible.

This form is not required for a bus pass, fuel & tools (see tool policy). If this is an emergency request, staff must document this in the justification.

Participant Name: ___________________________________________________________

Assistance Requested: _____ Transportation Cost _____ Auto Repairs _____ Housing
_____ Work Clothing _____ Work/Training Materials _____ Work/Training LIC/Certs/Permits
_____ Hygiene/Health _____ Child Care/Dependent Care _____ Out of State Relocation _____ Other

Staff - Justification for Service: _______________________________________________

___________________________________________________________________________

Staff - Program Funding Source: _______________________________________________

Appropriate supporting documentation required from the participant is attached:

☐ Budget Sheet ☐ Vendor Invoice: ☐ Participant Vehicle Registration ☐ Third Party Provided
Transportation ☐ Two Estimates for any Repair ☐ Rental Lease/Mortgage Statement: ☐ Other:

Staff - Please identify any applicable other local service providers not on the Community Resource
List - If none exist, please note.

Others: _______________________________________________________________________

Participant - List which local provider(s) you have contacted, the help or amount they will provide. If
denied, list the reason.

___________________________________________________________________________

I do not have any other resources available to me at this time. I confirm I have been provided
information on community resources available

I swear under penalty of perjury that the above information is true and correct to the best of my
knowledge.

Participant Signature ___________________________ Date ____________

Staff Signature ___________________________ Date ____________