

NORTH CAROLINA  
Senior Community Service Employment Program  
**REQUEST FOR SUPPORTIVE SERVICES**

This form is to be completed in accordance with DAAS SCSEP Policy 10.11. All supportive services are to be made available on an equitable basis to all SCSEP participants within a sub grantees's area of service.

PARTICIPANT'S NAME <i>(Last, First, Middle)</i>		SPARQ PID	DATE
Support Service Requested	Dollar Amount of Request	Length of Time Service Needed <i>(Must match timeframe in IEP)</i>	
a. Transportation			
b. Health and/or medical			
c. Incidentals			
Work shoes			
Badges			
Eyeglasses			
Tools			
Other <i>(specify)</i> :			
d. Dependent care			
e. Housing (including temporary shelter)			
f. Needs related payment			
g. Follow-up services			
h. Other <i>(specify)</i> :			

Briefly explain how provision of this service will contribute toward successful attainment of the goal identified on the Individual Employment Plan (IEP):

OTHER FUNDING SOURCE <i>(Identify)</i>		AMOUNT \$
<b>FOR SCSEP USE ONLY</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	AMOUNT APPROVED \$	DATE
AUTHORIZED SCSEP REPRESENTATIVE'S NAME		REPRESENTATIVE'S SIGNATURE

NOTES:

October 2014