**Department of Human Services Community Youth Employment**

**SUPPORTIVE SERVICE FORM**

Week Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name SSN +4

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City Zip Code

***Transportation Assistance***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | M | T | W | Th | F | Sat | Sun |
| # of round trip miles |  |  |  |  |  |  |  |
| Reimbursement amount |  |  |  |  |  |  |  |
| Bus tokens/CTA passes |  |  |  |  |  |  |  |

Payable to: Client

Other (list below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Child Care Assistance***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | M | T | W | Th | F | Sat | Sun |
| # of children |  |  |  |  |  |  |  |
| Daily hours |  |  |  |  |  |  |  |
| Reimbursement amount |  |  |  |  |  |  |  |

Payable to: Client

Other (list below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Other Cost*** *(work clothes, tools, supplies, or other items required for youth to participate in the program)*

|  |  |
| --- | --- |
| Specify Below (Attach itemized bills/receipts) | Cost |
|  |  |
|  |  |
|  |  |

Payable to: Client

Other (list below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is hereby certified that the services presented in this statement were provided and all is shown correctly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant Signature and Date CYEP Agency Staff Signature and Date