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| **Internet Reimbursement Request** | | | | | |
| LWIA#: | | Participant SSN: XXX-XX- | | | |
| Participant Name: | | | | | |
| Street Address (Residence): | | | | | |
| City: | State: | | | Zip: | |
|  | | | | | |
| Internet Service Provider Name: | | | Billing Cycle Dates: From   /  /     to   /  / | | |
| Amount to be reimbursed (internet service only): $ | | | | | |
|  | | | | | |
| All of the following must be answered yes, or the participant cannot be reimbursed: | | | | | |
| The participant was registered for at least one online class during the period of the bill? | | | | | Yes  No |
| The participant has provided verification of attendance in training for the period of the bill? | | | | | Yes  No |
| The participant has provided a copy of the bill? | | | | | Yes  No |
| The service address on the bill matches the participant’s address of record? | | | | | Yes  No |
| The participant has provided proof of payment of the bill? | | | | | Yes  No |
|  | | | | | |
| The reimbursement is:  Approved  Denied Reason for Denial: | | | | | |

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| **Certification** | |
| I understand that I am eligible for reimbursement of internet service for the billing cycle dates listed above. I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft and is punishable under state law by up to 7 years in prison and fines of up to $25,000.  Violators may also face federal felony charges.  I understand that I am not eligible for reimbursement of internet service for the billing cycle dates listed above and this form serves as my written notification of such determination. | |
| Participant Signature: | Date:   /  / |
| **APPEAL RIGHTS**  *If you disagree with this determination, you may complete and submit a request for reconsideration/appeal. A letter will suffice if you do not have an agency form. Your request must be filed with the Illinois Department of Employment Security (“IDES”) within thirty (30) calendar days after the date at the top of this letter. If the last day for filing your request is a day that IDES is closed, the request may be filed on the next day that IDES is open. Please file the request by mail to: IDES P.O. Box 19509 Springfield, IL 62794 or fax to: 217-557-4913. Any request submitted by mail must bear a postmark date within the applicable time limit for filing.* | |

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| **STAFF USE ONLY** | |
| **AFFIDAVIT**  I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I hereby acknowledge that the information contained in this form that I am attesting to is complete and accurate and that the documentation described in the form is contained in the participant's file. | |
| Career Planner Signature: | Date:   /  / |