

## Local Area I Approved Client Service Levels

The amounts indicated below will be paid to you or on your behalf during your enrollment in WIA Title IB.

Training Period: \_\_\_\_\_ to \_\_\_\_\_

Fund: \_\_\_\_\_

Tuition, Fees, or Books: \_\_\_\_\_

Transportation: \_\_\_\_\_ Miles traveled per day  
 \_\_\_\_\_ Number of days traveled per week  
 \_\_\_\_\_ Miles traveled per week  
 \_\_\_\_\_ Allowance per week

- Allowance - \$48.50 per 100 miles (Max. \$145.50)
- Requirement - Must drive a minimum of 100 miles per week to school.

Childcare: \_\_\_\_\_ Allowance per week

- Allowance - \$40.00 per child per week (Max. \$120 per week)
- Requirement - Under 125% of Self-Sufficiency guidelines  
 Childcare provider and child's documentation must be provided  
 Classroom schedule must be provided  
 Must attend class regularly  
 Review of financial assessment each semester

Basic Allowance: \_\_\_\_\_ Allowance per week (\$100 per week)

- Requirement - Under 125% of Self-Sufficiency guidelines  
 Childcare provider and child's documentation must be provided  
 Classroom schedule must be provided  
 Must attend class regularly  
 Review of financial assessment each semester  
 Client not receiving Unemployment Insurance or Cash Benefits from SRS

**Holiday/Break Schedule:**

Local Area I will continue to pay supportive services during the scheduled holidays or school breaks as long as the break does not exceed 30 days. (Attach school schedule).

Holiday/ Break	Dates	Childcare Expense Incurred During Break

If childcare expenses are not incurred during break, childcare allowances will not be paid.

I acknowledge that I will receive the above client services through the Local Area I WIA program as long as I continue to meet the requirements. I also acknowledge that the current levels may change due to funding availability in Local Area I. I confirm that I have received copies of the time sheets and supportive service schedule; I acknowledge that if I do not submit the signed time sheet on time that I will not receive supportive services for that period.

\_\_\_\_\_  
 Client Name (Please Print)

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

**Contact Information:**

\_\_\_\_\_  
 Case Manager Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Case Manager Supervisor

\_\_\_\_\_  
 Phone Number

Local Area I Workforce Investment Board  
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