

Needs Related Payments

Analysis Form Instructions

Participant Information

1. Name Enter the name of the person who is requesting Needs Related Payments (NRP).
2. Home Address Enter the home address of the participant. Include the street address (including apartment number if applicable), city, state, and zip code.
3. Phone Number(s) Enter the home phone number for the participant. Also, enter a cellular telephone number if the participant wants an alternate method of contact.

Needs Analysis

4. Question A Check "Yes" or "No" to indicate whether the participant is currently unemployed or has received notification of layoff from their current employer.
Note: A "No" answer to this question would disqualify the participant from NRPs.
5. Question B Check "Yes" or "No" to indicate whether the participant currently qualifies for Unemployment Insurance (UI) benefits, additional State UI benefits (training benefits), or Trade Readjustment Allowances (TRA) benefits.
Note: A "Yes" answer to this question would disqualify the participant from NRPs.
6. Question C Check "Yes" or "No" to indicate whether the participant has ceased to qualify for Unemployment Insurance (UI) benefits, additional State UI benefits (training benefits), or Trade Readjustment Allowances (TRA) benefits.
Note: A "No" answer to this question would disqualify the participant from NRPs.
7. Additional Comments Enter any additional comments you feel could be beneficial to determining a person's eligibility for Needs Related Payments. Information might include the employer for whom the person has received a layoff notice and the anticipated date of layoff.
8. Eligibility Determination Check "Yes" or "No" to indicate whether the person qualifies for Needs Related Payments based on the answers to Questions A, B, and C.
9. Consideration of "Other Resources" Check "Yes" or "No" to indicate whether the person has considered the availability of all "other resources" to help successfully participate in a full-time training program. Other resources might include, but are not limited to, Pell grants, severance pay, other family income, etc.
10. "Other Resources" Check "Yes" or "No" to indicate whether any of the other resources considered in Question 8 above would meet the need to support the participant while attending school full-time.
11. Participant Signature The person requesting the NRPs must acknowledge they have entered (or assisted in the entering) all information on this form to the best of their knowledge and that they have read, understand, and agree to comply with the policies for Needs Related Payments. Once they agree to all information, they must sign this form and enter the date of their signature.
12. LWIA Case Manager Signature The LWIA case manager having oversight of this particular analysis must acknowledge that they have reviewed all NRP policies with the participant, have determined their eligibility to receive NRPs, and have explained the procedures for collecting NRPs. Upon acknowledgment of this information, the LWIA Case Manager must sign this form and enter the date of their signature.