

Needs Related Payments

Weekly Verification of Income & Training 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 Related Payment Information

4. Needs Related Payment Amount Enter the agreed upon NRP weekly payment amount.
5. Training Week Enter the beginning and ending dates of the week being verified.

Verification of Income and Training

6. Claim of Unemployment Benefits Check "Yes" or "No" to indicate whether the participant claimed or intends to claim any type of unemployment benefits for the training week being verified. If "Yes" has been checked, enter the amount of such benefits received or anticipated to be received.
7. Payments for Work Check "Yes" or "No" to indicate whether the participant received any payments for full-time or part-time work, work experience, or work study for the training week being verified. If "Yes" has been checked, enter the amount of such benefits received or anticipated to be received.
8. TAA or TRA Payments Check "Yes" or "No" to indicate whether the participant received any TAA or TRA payments for the training week being verified. If "Yes" has been checked, enter the amount of such benefits received or anticipated to be received.
9. Job Training Payments Check "Yes" or "No" to indicate whether the participant was enrolled in job training or received any job training payments for the training week being verified. If "Yes" has been checked, enter the amount of such benefits received or anticipated to be received.
10. Maintain Full-Time Status Check "Yes" or "No" to indicate whether the participant has maintained full-time status as defined by the training institute. If "No" is checked, provide a brief explanation as to why they did not successful maintain full-time status.
11. Maintain Satisfactory Progress Check "Yes" or "No" to indicate whether the participant has maintained satisfactory progress as defined by the training institute. If "No" is checked, provide a brief explanation as to why they did not successful maintain satisfactory progress.
12. Additional Comments Enter any additional comments you feel could be beneficial in verifying the participant has in fact complied with the policies related to receiving Needs Related Payments.

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13. 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.

14. 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.