

NEEDS RELATED PAYMENT DETERMINATION FORM

Name: _____

SSN: _____ Date: _____

Activity: _____ Start Date: _____ Stop Date: _____

1. Income Determination:

<u>Applicant</u>	<u>Income Source</u>	<u>Weekly Amount</u>
_____	_____	_____
_____	_____	_____

2. Participant Eligibility (Circle One):

Graduated Individuals who receive cash income of **less** than \$150 per week.

Basic Individuals who receive weekly cash income that **exceeds** \$150.

3. Weekly Amount: _____

4. Counselor Comments: _____

5. I attest that the income information given on this application form is true and accurate and that any payment received is necessary to participation in WIA.

Participant Date

Case Manager Date