

**South Central Workforce Council
NEEDS-RELATED PAYMENT DETERMINATION FORM**

Name: _____ SSN: _____

Activity: _____ Start Date: _____ End Date: _____

1. Income Determination:

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

2. Please indicate what types of support needs this NRP may assist in addressing:

- Daycare expenses
 Transportation expense
 Clothing
 Housing
 Tools
 Other: _____

3. NRP Rate:

- Basic (the individual receives weekly cash income that exceeds \$150.00)
 Graduated (the individual receives weekly cash income that is less than \$150.00)

4. Comments: _____

Participant Signature

Date

Case Manager Signature

Date

Parent or Guardian (if participant is under 18 years of age)

Date