



BASIC FOOD EMPLOYMENT AND TRAINING (BFET)
Participant Reimbursement

CLIENT'S PRINTED NAME	
CLIENT'S EJAS ID	DATE

Organization Staff Portion

CHECK THE TYPE(S) OF REIMBURSEMENT(S)	ENTER AMOUNT
<input type="checkbox"/> Transportation: Bus pass / ticket - How many: <input type="checkbox"/> daily / <input type="checkbox"/> weekly / <input type="checkbox"/> monthly Bus pass / ticket identifying number(s):	\$
<input type="checkbox"/> Transportation: Fuel card(s) - Card number:	\$
<input type="checkbox"/> Transportation: ORCA Card / ORCA Refill - Card number:	\$
<input type="checkbox"/> Clothing (e.g., interview clothes, shoes, boots, uniforms, necessary tools)	\$
<input type="checkbox"/> Child Care (e.g., CCSP copay or non-CCSP)	\$
<input type="checkbox"/> Other: Education (e.g., high school equivalency test, CNA test, short-term contracted training)	\$
<input type="checkbox"/> Other: Personal Hygiene and Grooming (e.g., toothpaste, shampoo, haircut)	\$
<input type="checkbox"/> Other: Books or educational supplies	\$
<input type="checkbox"/> Other: Emergency service (e.g., housing, utilities, auto repair, etc.)	\$
<input type="checkbox"/> Other: Any other work / training related needs (more detailed justification required below)	\$

OPTIONAL: Check below if a gift card or similar payment type was issued.

Client was given a "Gift Card Receipt Attachment" and a prepaid envelope to return receipt(s) for all purchase.

MANDATORY: Enter justification for each type of reimbursement given (i.e., reason needed and other details such as: non-CCSP child care due to temporary ineligibility, for interview pants, mandatory training uniform, shirt, shoes, books, etc.):

AUTHORIZED PROGRAM APPROVAL SIGNATURE	DATE	AUTHORIZED PROGRAM APPROVAL PRINTED NAME
---------------------------------------	------	--

Client Declaration and Signature

I understand and agree that:

- I received the above issuance(s).
- I have not received the same type of assistance in the current month from any other organization including but not limited to other BFET organizations, WorkFirst, LEP Pathways, etc.
- I can only use the assistance provided (including gift cards) for work or training related purposes as described above.
- Selling or misusing the benefit may result in BFET disqualification and I would have to pay back the funds.
- **I will return the receipt(s)** for all fuel and gift card purchases if I received a "Gift Card Receipt Attachment."

CLIENT'S SIGNATURE	DATE	CLIENT'S PRINTED NAME
--------------------	------	-----------------------