

BASIC FOOD EMPLOYMENT AND TRAINING (BFET)

Participant Reimbursement

CLIENT / PARTICIPANT PRINTED NAME

CLIENT / PARTICIPANT EJAS ID

DATE

Organization Staff Portion

CHECK THE TYPE(S) OF REIMBURSEMENT(S)

ENTER AMOUNT

☐ Transportation: Bus pass / ticket - **How many:** ☐ daily / ☐ weekly / ☐ monthly
Bus pass / ticket identifying number(s):

\$

☐ Transportation: Fuel card(s) - **Card number:**

\$

☐ Transportation: ORCA Card / ORCA Refill - **Card number:**

\$

☐ Transportation: Other (Explanation required)

\$

☐ Clothing (e.g., interview clothes, shoes, boots, uniforms)

\$

☐ Child Care (e.g., CCSP copay or non-CCSP)

\$

☐ Medical

\$

☐ Educational / Credential Testing (e.g., high school equivalency test, literacy level test, aptitude testing, CNA test, short-term contracted training)

\$

☐ Personal Hygiene and Grooming (e.g., toothpaste, shampoo, haircut)

\$

☐ Books, tools, and training supplies

\$

☐ Housing

\$

☐ Internet service / cell phone and minutes

\$

☐ Digital support (tablet, laptop, accessories)

\$

☐ Other: (Explanation required)

\$

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

☐ Client / participant 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 / Participant 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 / PARTICIPANT SIGNATURE

DATE

CLIENT / PARTICIPANT PRINTED NAME