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|  | 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.”
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| CLIENT / PARTICIPANT SIGNATURE DATE | CLIENT / PARTICIPANT PRINTED NAME |