



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 |
|---|--------------|
| <input type="checkbox"/> Transportation: Bus pass / ticket - <b>How many:</b> <input type="checkbox"/> daily / <input type="checkbox"/> weekly / <input type="checkbox"/> monthly<br>Bus pass / ticket identifying number(s): | \$           |
| <input type="checkbox"/> Transportation: Fuel card(s) - <b>Card number:</b>   | \$           |
| <input type="checkbox"/> Transportation: ORCA Card / ORCA Refill - <b>Card number:</b>  | \$           |
| <input type="checkbox"/> Transportation: Other (Explanation required)   | \$           |
| <input type="checkbox"/> Clothing (e.g., interview clothes, shoes, boots, uniforms)   | \$           |
| <input type="checkbox"/> Child Care (e.g., CCSP copay or non-CCSP)  | \$           |
| <input type="checkbox"/> Medical  | \$           |
| <input type="checkbox"/> Educational / Credential Testing (e.g., high school equivalency test, literacy level test, aptitude testing, CNA test, short-term contracted training)   | \$           |
| <input type="checkbox"/> Personal Hygiene and Grooming (e.g., toothpaste, shampoo, haircut)   | \$           |
| <input type="checkbox"/> Books, tools, and training supplies  | \$           |
| <input type="checkbox"/> Housing  | \$           |
| <input type="checkbox"/> Internet service / cell phone and minutes  | \$           |
| <input type="checkbox"/> Digital support (tablet, laptop, accessories)  | \$           |
| <input type="checkbox"/> 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 |
|--|-----------------------------------|