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