|  |  |  |
| --- | --- | --- |
|  | 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 |
| [ ]  Transportation: Bus pass / ticket - **How many:** [ ]  daily / [ ]  weekly / [ ]  monthly | **$** |
| [ ]  Transportation: Fuel card(s) - **Card number:**  | **$** |
| [ ]  Transportation: ORCA Card / ORCA Refill - **Card number:**  | **$** |
| [ ]  Clothing (e.g., interview clothes, shoes, boots, uniforms, necessary tools) | **$** |
| [ ]  Child Care (e.g., CCSP copay or non-CCSP) | **$** |
| [ ]  Other: Education (e.g., high school equivalency test, CNA test, short-term contracted training) | **$** |
| [ ]  Other: Personal Hygiene and Grooming (e.g., toothpaste, shampoo, haircut) | **$** |
| [ ]  Other: Books or educational supplies | **$** |
| [ ]  Other: Emergency service (e.g., housing, utilities, auto repair, etc.) | **$** |
| [ ]  Other: Any other work / training related needs (more detailed justification required below) | **$** |
| **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.): |
| ORGANIZATION APPROVAL SIGNATURE DATE | APPROVING AUTHORITY’S 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 |