

# NORTHWEST PRIVATE INDUSTRY COUNCIL

## CLIENT SUPPORT SERVICE REQUEST

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

1. What types of items/services could you use at this time that would be useful in achieving your goal of becoming self-sufficient?

A. \_\_\_\_\_ Cost: \_\_\_\_\_

B. \_\_\_\_\_ Cost: \_\_\_\_\_

C. \_\_\_\_\_ Cost: \_\_\_\_\_

2. Why do you need these items/services at this time?

3. How do you plan on acquiring these items/services if WIA can not assist you at this time?

4. How do you plan on acquiring these items/services in the future?

5. Has payment for these services been requested from another agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please identify the agencies.

7. List the current sources and the amount of your monthly income.

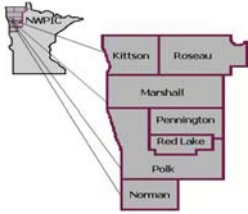
A. Source: \_\_\_\_\_ Amount: \_\_\_\_\_

B. Source: \_\_\_\_\_ Amount: \_\_\_\_\_

C. Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NWPIC 10-01-08



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## STAFF SUPPORT SERVICE REQUEST

1. Team members involved in the decision:

2. Disposition of request:

Approved: Reason for Approval.

Denied: Reason for Denial.

3. Additional comments pertinent to the support service request:

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Staff Signature

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Date

NWPIC 10-01-08