



Support Service Agreement

Customer Name	Case	PIN	Date
---------------	------	-----	------

You can get help with costs related to participating in FSET activities. Check any that you are interested in receiving or learning more about:

Transportation-Related	Work-Related	Education	Other Needs
<input type="checkbox"/> Gas Cards	<input type="checkbox"/> Interview Clothing	<input type="checkbox"/> GED/HSED Fees	<input type="checkbox"/> Phone Minutes
<input type="checkbox"/> Bus Passes/Rides	<input type="checkbox"/> Work Clothing/Uniforms	<input type="checkbox"/> Tuition/Books for Short-Term Training Programs	<input type="checkbox"/> Childcare Funding
<input type="checkbox"/> Taxi Rides	<input type="checkbox"/> Footwear	<input type="checkbox"/> Certification Fees	
<input type="checkbox"/> Driver's/CDL License	<input type="checkbox"/> Tools/Equipment		
<input type="checkbox"/> License Plate Renewal	<input type="checkbox"/> Haircut Voucher		
<input type="checkbox"/> Vehicle Repair			

By receiving support services, you agree to the following:

- I will use my support services to complete FSET activities listed on my Employment Plan.
 - I will turn in documentation to my case manager showing completion of my FSET activities.
 - I understand that if I receive assistance but then do not do my activities, I may not be able to receive additional assistance until I complete those activities.
 - If I receive gas cards, I will track the miles I travel to complete my FSET activities and will receive gas cards based upon how many miles I traveled for FSET activities.
 - If I do not have a valid driver's license or vehicle, I can use gas cards for someone else to take me to and from my FSET activities.
 - If I am traveling to do job search more than 10 miles, I understand I need to apply for more than one job per trip. It is expected I make at least five (5) employer contacts unless the trip is for a scheduled job interview, job fair or similar event. My case manager may grant an exception based upon my circumstances.
 - I will be granted good cause if FSET does not have the funding to pay for allowable support services.
-
- If it is determined that I intentionally or unintentionally misused FSET funds, I will only receive reimbursement for expenses that are reasonable and necessary, and directly related to completing assigned activities, after documentation of the expense is provided as I can only receive reimbursement for completed and verified activity.
-
- If you have complaints or concerns about your FSET services, ask to speak with your FSET Case Manager about your concerns and the process for filing a complaint. If your complaint cannot be resolved with the local FSET agency, you have the right to file for a fair hearing. You can ask for a fair hearing by writing or calling:

Department of Administration, Division of Hearing and Appeals, P.O. Box 7875, Madison, WI 53707-7875,
Phone: 608-266-7709 • Fax: 608-264-9885

You can get the Request for Fair Hearing form at www.dhs.wisconsin.gov/forwardhealth/resources/htm. **The Division of hearing and Appeals must get your request no more than 90 days from the date of the action.**

I agree to follow the support service policies listed above.

Signature of FSET Customer

Date

Signature of FSET Case Manager

Date