

# SkillUP Special Consideration Request – Training & Other

## Requestor Information

Participant Name:

Participant DCN:

Contractor Name:

Contractor Region:

Case Manager:

Request Date: \_\_\_\_\_

Request Type:  Training Program Not on MoScores

Other Special Consideration

## Request Information

What is the request for:

Is the participant SNAP eligible:

Yes

No

Have SkillUP funds been used previously:

Yes

No

If yes, how much: \$ \_\_\_\_\_

Has the \$10,000 lifetime cap on tuition been met:

Yes

No

Is the selected program of training services linked to employment:

Yes

No

If yes, examples include:

Why do you believe approval of this request will increase the participants ability to be self-sufficient:



Why is this the best solution/option:

Other solutions/options that have been explored to address this barrier:

Additional information:

- All other resources for assistance have been explored:  Yes  No
- The participant has necessary resources to be successful in this training:  Yes  No
- All required SkillUP components have been entered in MoJobs:  Yes  No
- Case notes have been entered to reflect request:  Yes  No
- Is documentation attached:  Yes  No

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DSS Determination

Approved  Denied

Explanation:

Next Steps:

DSS Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

