

# MWA WRE Request From

DSS approval required for requests of \$1,500 per rolling calendar year or laptop requests

## Requestor Information

Participant Name:

Participant DCN:

Contractor Name:

Contractor Region:

Case Manager:

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

## Request Information

Requested amount: \$ \_\_\_\_\_

Amount participant is contributing: \$ \_\_\_\_\_

Amount community partner/others are contributing: \$ \_\_\_\_\_

What is the WRE request for:

Total WRE previously approved for the participant: \$ \_\_\_\_\_

Did the participant contribute to the previous WRE:  Yes  No

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

What were the previous approvals for:

What positive developments were made with the previous WRE approvals:

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

Why is this the solution to the barrier:

Other solutions that have been explored to address this barrier:

Additional information:

Is documentation attached:  Yes  No

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

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

### DSS Determination

Approved  Denied

Explanation:

Approval Amount: \$ \_\_\_\_\_

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