



Request for Educational/Training Materials

Participant Name: _____
Case Number: _____
Case Manager: _____
Activity: _____

To Be Completed by Participant

Participant Name _____ Address _____
Telephone # _____

Store Name	Item Needed	Quantity		Amount	Total
_____	_____	_____	X	_____	_____
_____	_____	_____	X	_____	_____
_____	_____	_____	X	_____	_____
_____	_____	_____	X	_____	_____
_____	_____	_____	X	_____	_____
		Tax		%	=
				Total	_____

I certify, under penalty of perjury, that the above is true, correct, and complete to the best of my knowledge. I authorize the Community Services Agency to discuss my need for materials with the person named below. I agree to return any unauthorized items I may receive.

Participant Signature _____ Date _____

To Be Completed by Site Supervisor/Instructor

I certify that the requested item(s) are necessary for the individual named above to participate.

Teacher/Supervisor/Employer Signature _____ Date _____

Title _____ School/Worksite _____

STAN WTW 6 (10/2024)