



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Special Allowance, SPAL, Verification Form

EDUCATION, TRAINING, OTHER ACTIVITIES – The CAO, Employment & Training Contractor, E&T, school or training provider may complete this form.

EMPLOYMENT – The CAO or E&T Contractor may complete this form based on collateral contact with the employer or other validation such as an employee handbook or statement from an employer that the item is required.

An employer should not be asked to complete this form.

County Assistance Office, CAO, Use Only

Participant's Name: _____

CO/Record#: _____ **Request Date:** _____

SPALs requested to support participation in:

☐ **Employment** ☐ **Education/Training/Activity**

List employer name and address or E&T program/activity/site:

This form is used to discuss the availability of existing supports and determine what supportive services are required to enable participation in employment, education, training or an activity noted on the Agreement of Mutual Responsibility, AMR or Employment Development Plan, EDP. Consideration is given to whether participation would not be possible without the item or service requested; and whether the item or service is provided by the employer, activity, school or training provider. Consideration should always be given for the least costly, most practical item or service to meet the need. **Documentation to support the SPAL request must be returned to the CAO within 10 days of the request.**

THIS FORM AND SUPPORTING DOCUMENTS ARE DUE TO THE CAO BY _____

TYPE OF SPAL REQUESTED: _____

Complete when transportation-related SPALs are requested:

- What form of transportation does this individual use to get to medical appointments, the grocery store or other places he or she needs to go? ☐ Own Transportation ☐ Public Transportation/Bus ☐ Walk
☐ Neighbor/Friend ☐ County Transportation Service ☐ Other _____
- Can this mode of transportation be used to get to this employment, activity, school or training site? YES ____ NO ____
- If no, explain why not. _____

Complete when other types of SPALs are requested:

- Does the employer, activity, school or training site require the requested item(s) or service(s)? YES ____ NO ____
- If yes, what specific items are required? _____
- Does this individual already have these items? YES ____ NO ____
- Does the employer, activity, school/training site or another personal or community source provide assistance for these item(s):
- a) at no cost to the participant? YES ____ NO ____ If yes, for what time period? _____
- b) for a fee? YES ____ NO ____ If yes, at what cost? _____

NOTE: The E&T participant's personal financial resources are not considered.

PERSON COMPLETING THIS FORM _____ **PHONE NUMBER** _____

Employed by: CAO, E&T Program or Agency (circle one) _____
(print name)

CAO USE ONLY: If the individual is eligible for a SPAL:

- Consider the least costly, most practical service or item based on all considerations.
- Narrate the SPAL according to guidance in Cash Assistance Handbook, Chapter 135.64.
- Ask the individual to provide a written estimate prior to authorization if the cost of the item or service is not already known to the CAO.
- Explain that a receipt must be provided to the CAO within 14 days to avoid an overpayment.
- Send a Notice of Eligibility/Ineligibility to advise the individual about the eligibility determination for SPALS.