



**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.**

<b>County Assistance Office Use Only</b>		
PARTICIPANT'S NAME:	CO/RECORD #	REQUEST DATE:
SPALs REQUESTED TO SUPPORT PARTICIPATION IN: <input type="checkbox"/> Employment <input type="checkbox"/> 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.

