**ASSIST Program Verification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | Click or tap here to enter text. | |  | |
| ASSIST Participant: | | Click or tap here to enter text. | |  |

**Complete this form when a youth is required to submit receipts and/or when a youth has not met their productive time.**

**Receipt Verification:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Youth provided receipts that are consistent with their budget. The youth has fulfilled their obligation to provide monthly receipts and the youth is eligible to receive ASSIST. | | | | | |
|  |  | | | | | |
|  | Youth provided receipts that were not consistent with their budget. If the youth does not provide receipts consistent with their budget next month, the six-month requirement will be extended and the youth will not receive a stipend. | | | | | |
|  | Receipts provided total: | $Click or tap here to enter text. | |  | | |
|  |  |  | |  | | |
|  | After a warning, youth provided receipts that are not consistent with their budget. Youth will not receive an ASSIST stipend for the current month and the six-month requirement is extended. | | | | | |
| Youth will need to provide receipts until | | Click or tap here to enter text. | |  |  |
|  |  | |  | |  |  |
|  | IL provider will oversee disbursement of funds. | | | | | |
|  |  | | | | | |
|  | Youth did not provide any receipts. Youth will not receive an ASSIST payment until they provide receipts that match their budget. | | | | | |

**Productive Time:**

|  |  |
| --- | --- |
|  | Youth has met the requirement for productive time. |
|  |  |
|  | Youth has not met the requirement for productive time and this serves as a warning that if the youth does not meet the requirement for productive time again, the youth will not receive an ASSIST check for the month they did not meet productive time requirements. |

**Youth** – By signing below, I confirm that I have reviewed my ASSIST Program Verification form with my IL worker. I understand that if I have not provided receipts or met the requirement for productive time, I am in danger of losing my ASSIST payment. I have read and agree with all checked items above. I will ensure that I submit all receipts as outlined in my budget and meet the productive time requirements.

**IL Worker** - By signing below, I confirm that I have reviewed the youth’s receipts and productive time log and addressed any concerns regarding receipts or productive time.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Youth signature** |  | **Date** |  | **IL Worker** |  | **Date** |