

Sup. Initial: _____

Date: _____

**RESET/ETP
BUTLER COUNTY ASSISTANCE OFFICE
SUPPORT SERVICE REQUEST**

Worker	Date Request	Processing Deadline (Today's Date + 9 days)
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PART 1 – ELIGIBILITY WORKER COMPLETION (MUST BE Code 30,40,60, or 61 to submit)

Registrant Name	Social Security Number	Case Number	Line Number
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<input type="checkbox"/> School	<input type="checkbox"/> Employer	Name of Establishment & Address	Start Date

ITEMS REQUESTED

- | | | |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Car Repair | <input type="checkbox"/> Child Care | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Car Purchase | <input type="checkbox"/> Clothing | <input type="checkbox"/> Moving Allowances |
| <input type="checkbox"/> Mileage | <input type="checkbox"/> Class Fees | <input type="checkbox"/> Books/Supplies |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Motor Vehicle Fees |

Comments:

PART 2 – ETP COMPLETION

ITEMS	A D	REASON CODE	MANUAL REFERENCE	AMOUNT AND BASIS OF COMPUTATION	TIME PERIOD

PART 3 - CERTIFICATION			
ETP Worker	Date	IM Sup./Mgr.	Date