



## IHSS Public Authority

### Job Development/Life Enhancement Fund Application

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **IP Status:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Title of the class you are requesting approval for:** \_\_\_\_\_

**What is the name and address of the institution offering the class? (For example: community college, adult education, community center, Red Cross, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**Instructor(s) Name:** \_\_\_\_\_

**Dates of the class:** \_\_\_\_\_

**Please describe briefly the class you are submitting the request for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is the cost of the cost of the class and text(s)?** \_\_\_\_\_

You will be contacted by the Public Authority within ten (10) working days following receipt of this application as to approval or denial. If it is accepted you are responsible to submit receipts and proof of enrollment in the class as well as proof of completion of the class in order to receive reimbursement of expenses up to a maximum of \$350. Only those costs listed on appropriate receipts will be considered for reimbursement.