

# ASME MET Apprenticeship Support Services Request Form

## Apprentice Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone Number (000-000-0000) \_\_\_\_\_

## Support Services Requested

*Check boxes for requested service(s).*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Transportation                         | <input type="checkbox"/> Reasonable accommodations for individuals with disabilities                 | <input type="checkbox"/> Assistance with work attire and work-related tools  |
| <input type="checkbox"/> Childcare                              |  |  |
| <input type="checkbox"/> Dependent Care                         | <input type="checkbox"/> Legal aid services  | <input type="checkbox"/> Other needs-related payments that are necessary to enable an individual to participate in registered apprenticeship or pre-apprenticeship program |
| <input type="checkbox"/> Housing                                | <input type="checkbox"/> Assistance with instructional materials, school supplies and classroom fees |  |
| <input type="checkbox"/> Counseling                             |  |  |
| <input type="checkbox"/> Educational testing and certifications |  |  |

## Reason for Request

*By signing, I acknowledge that the support services I receive will only be used for the stated employment-related item(s) above.*

**Apprentice  
Signature**

**Date:**

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## Program Approval — FOR STAFF USE ONLY

- ☐ Approved  
☐ Additional Review Required

Outcome – was assistance provided?

Yes    No

Coaching Session Call Date

ASME Assistance

\_\_\_\_\_  
Follow-up Coaching Session Date

\_\_\_\_\_  
Referrals

Date Authorization to Pay form submitted to Accounts Payable

\_\_\_\_\_