

TRANSPORTATION-RELATED EXPENSE (TRE) DISCLAIMER

The purpose of this form is to signify that a participant elects to receive payment from another agency, program, or training entity —Training (SNA E&T) Program. SNA E&T staff will complete all information and the participant will sign and date it upon reading/understanding the certification statement at the bottom

SNA E&T Participant’s Name *(Last, First, M.I.)* _____

JAS ID NO. _____ AZTECS ID NO. _____

SNA E&T Specialist Name _____

Type of Training/Activity _____

Location of Training/Activity *(No., Street)* _____

City _____ State _____ ZIP Code _____

I choose to receive payments from the Workforce Innovation and Opportunity Act (WIOA), Vocational Rehabilitation (VR), or other types of training/activities that may require monies paid to me, instead of receiving SNA E&T TRE payments.

I Elect to Receive *(Check only one)* WIOA Needs-Based Payment VR Maintenance/Transportation

Other *(specify)* _____

CERTIFICATION STATEMENT

I understand that any Transportation-Related Expense (TRE) monies paid to me may be federal/state funds. I also understand that the law prescribes penalties for willful misrepresentation or concealment of material facts in order to obtain payments to which I am not entitled. I will not receive any money for Transportation-Related Expenses (TRE) except as indicated above.

SNA E&T Participant’s Signature _____ Date _____

SNA E&T Specialist’s Signature _____ Date _____

Distribution: Original - Case Record *(the original is to be retained in the case record until it is destroyed)*; Copy – Participant

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.