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| TRAC Associates | **STATEMENT IN SUPPORT OF CLAIM** | |
| PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form. The responses you submit are considered confidential and protected by state and federal law (42CFR Part 2). These laws prohibit making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by state law.  The purpose of this information is to provide TRAC Associates an accurate and comprehensive assessment for employment skills and abilities. Information, therefore, may be shared only with the customer of TRAC Associates, the Workforce Development Council, which is paying for vocational services. | | |
| FIRST NAME – MIDDLE NAME – LAST NAME OF PARTICIPANT | | |
| The following statement is made in connection with a claim for benefits in the case of the above named participant | | |
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| I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief. | | |
| SIGNATURE: | | DATE SIGNED: |
| PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false. | | |

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| **OTHER RESOURCES CHECKED** | | |
| DATE | ORGANIZATION/SOURCE | RESULT |
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