Attachment C

MassAbility Training Justification Form

This form summarizes the Career Center decision that the MassAbility Participants has been determined eligible for an Individual Training Account funded by MassAbility. Documentation for this summary must be included in the participant’s file and in MOSES.

# Career Center:

**MassAbility Training Participant Name:**

# MOSES ID#: \_\_\_\_\_\_ MassAbility Participant ID#: \_\_\_\_\_\_\_\_\_

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| --- |
| **Eligibility Criteria: (All three must be Checked and Verified)** |
| **Attachment A: MassAbility Training Referral Form (Submit with this form)** |
|  **MassAbility Individual Plan for Employment (Retained in Customer file)** |
|  **Attachment B: Shared Customer Release form (Submit with this form)** |

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| **Ensure that both programs are checked in MOSES:** |
| **Program Name on the Basic Screen: MassAbility** |
| **Career Center Specific Program Enrollment Box: MATF** |

***I attest that the above information is true and accurate and documented in the job seeker case file and in the MOSES system.***

# Printed Names: Prepared by Career Center Director

**Signatures: Prepared by Career Center Director**

# Dates: Prepared by Career Center Director