

# Attachment C

## Massachusetts Rehabilitation Commission (MRC) Training Justification Form

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

Career Center: \_\_\_\_\_

MRC Training Participant Name: \_\_\_\_\_

MOSES ID#: \_\_\_\_\_ MRCIS ID#: \_\_\_\_\_

**Eligibility Criteria: (All three must be Checked and Verified)**

- Attachment A: MRC Training Referral Form (Submit with this form)
- MRC Individual Plan for Employment (Retained in Customer file)
- Attachment B: Shared Customer Release form (Submit with this form)

**Ensure that both programs are checked in MOSES:**

Program Name on the Basic Screen: Mass Rehab

Career Center Specific Program Enrollment Box: MRTF

*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