Participant Reimbursement Request
Individual Career Advancement Network (ICAN)

		SSN Last four:
Participant Name	*Town of Residence*	*VJL Number:*

ICAN Component:					
Supervised Job Search	☐	Job Search Training	☐	Work Experience	☐
Education	☐	Job Retention	☐	Self-Employment Training	☐

Participant Reimbursements:			
Date:	Type:	Items being Purchased:	Amount:
Customer-EBT Card ☐ Customer- Check ☐ Vendor Payment ☐	Vendor Name and Address:		

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Braided Funding Details: *What braided funding has been explored?*

Customer payments: Payment is issued directly to the customer to their EBT card or by check
Vendor payment: Payment is issued to the person/business providing the product or service.
ICAN participant reimbursements must be reasonable, necessary, and allowable for ICAN participation. Please see the current ICAN spending guidelines for expense allowability and verification suggestions. By signing this form, I am indicating that the expenses are reasonable, necessary, and allowable and the need for reimbursement and verification are noted in the participant's file.

Agency Name and Name of Individual Completing this form:	
Signature:	**Date:**

Return form to ESD at: AHS.DCFESDICAN@vermont.gov

Submit

Updated: 10/2022