VERMONT

Department for Children and Families
Economic Services Division
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Waterbury, VT 05671-1020

Agency of Human Services

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ICAN Participant Reimbursement Agreement

A signature/consent on this agreement indicates agreement and acceptance to the rules outlined in the ICAN Participant Handbook and this participant reimbursement agreement.

If you have any questions about the handbook or this agreement, speak with your ICAN case manager and/or employment team.

Participant Declaration and Signature

I understand and agree that:

- I have received and reviewed the ICAN Participant Handbook.
- I may receive, but am not guaranteed, participant reimbursements as part of my enrollment with ICAN.
- Funds requested must be reasonable, necessary and directly related to allowable ICAN employment and training activities.
- Prior to requesting funds, I will ensure I have not received the same assistance in the current month from any other organization including, but not limited to, other ICAN providers, HireAbility Vermont, Vermont Department of Labor, etc.
- I can only use the assistance provided for the items identified for employment or training related purposes.
- If requested, I will provide receipts/documentation that funding provided by ICAN was used for the approved employment and training related purpose.
- Selling or misusing the benefit may result in ICAN disqualification and I would have to pay back the funds.
- If you do not agree with a participant reimbursement denial or decision you can request a fair hearing. This can be requested directly with their ICAN provider/case manager, with ESD or the Vermont Human Services Board.

Participant Signature	Date	Participants Printed Name

Complete the section below if the form was completed and signed telephonically.

spoke with _____ on _____

Participant Name ICAN Staff Name Date

and agreed to the participant reimbursement agreement information indicated on the form above.