

CLIENT STATEMENT FOR NHEP NON-PARTICIPATION AND PLAN

Participant Name: _____ **Date:** _____

RID#: _____

If you cannot find childcare, transportation, or there is another situation that is stopping you from meeting your full NHEP program requirements, you must fill out this statement. Write out your plan to work out this situation with your NHEP Counselor. Your NHEP Counselor will expect you to have a continuous plan to try to fix this situation so you can participate in NHEP. You will have to provide proof as requested. You must record your efforts to fix this situation on the back of this form. Your NHEP Counselor will decide how often this proof is required.

<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> DCYF Involvement
<input type="checkbox"/> Homelessness/Housing Issue	<input type="checkbox"/> Other: _____	

Please write a statement about your situation. State your reasons for non-participation. Use as much detail as needed to provide a clear description of your barrier to participation:

Participant's Statement: _____

Below, please indicate the on-going actions you are taking to fix your situation.

Participant's plan for removing this barrier to participation: _____

By signing below, I verify that the above information is true and accurate.

_____ Participant Signature	_____ Date
_____ NHEP Counselor's Signature	_____ Date
_____ Signature of Other Involved Individual/Title	_____ Date

Please See Other Side

