



Supportive Services & ATSS Case Management Note Form

Name of Job Seeker: _____ Host Agency: _____

Describe the type of Supportive Service(s) to be provided to the Job Seeker:

Describe how the activities will better prepare the Job Seeker for successful placement in unsubsidized employment

and/or

Describe how the activities will better support the Job Seeker in overcoming barriers to participating in the SCSEP project.

What is the expected start date of this Service: ____/____/____

What is the expected end date of this Service: ____/____/____

What is the expected cost of this Service: \$ _____

Indicate this Supportive Service could not be provided by other local resources:

Printed Name & Title Project Staff: _____

Signature of Project Staff: _____

Date: _____

A Copy of this Note Form is to be placed in the Job Seekers File, and this information is to be entered in GMPS (under the SCSEP Cases page/Related Activities)

Revised January 2026