

SUPPORT SERVICE DETERMINATION WORKSHEET

Transportation		
Mileage (Round Trip) to Training Location (minimum 10 miles required for payment)	x \$.15 per mile	= Daily Payment (not to exceed \$15.00)
	x \$.15	
Childcare/Dependent Care Costs		
Number of Qualifying Dependents		Daily Payment
<input type="checkbox"/>	One	\$ _____ (\$12.00 Maximum)
<input type="checkbox"/>	Two	\$ _____ (\$20.00 Maximum)
<input type="checkbox"/>	Three	\$ _____ (\$26.00 Maximum)
<input type="checkbox"/>	Four +	\$ _____ (\$32.00 Maximum)
TOTAL TRANSPORTATION PAYMENT		\$ _____
TOTAL CHILDCARE/DEPENDENT CARE PAYMENT		\$ _____
TOTAL DAILY PAYMENT		\$ _____
EFFECTIVE DATE OF SUPPORT SERVICE PAYMENT		