

**SOUTH CENTRAL WORKFORCE  
NEEDS-RELATED PAYMENT DETERMINATION FORM**



Name: \_\_\_\_\_ Case: \_\_\_\_\_

Activity: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

A revised NRP Form must be completed if the NRP rate changes.

**1. Income Determination:**

<u>Income Source</u>	<u>Weekly Amount</u>
_____	_____
_____	_____
_____	_____

**3. NRP Rate:**

Graduated: Individuals who receive cash income **more** than \$150 per week.

\$35.00

Basic: Individuals who receive cash income **less** than \$150 per week.

5 to 10 hours = \$35.00

21 to 25 hours = \$75.00

11 to 15 hours = \$45.00

26 to 30 hours = \$90.00

16 to 20 hours = \$60.00

31 to 35 hours = \$105.00

36 to 40 hours = \$120.00

**4. Participation**

Is the participant meeting attendance and/or academic progress to successfully complete the training course/class as defined by the training institution?

Yes

No (if no, then NRP cannot be offered)

How was successful academic and/or attendance verified? \_\_\_\_\_

**4. Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (If participant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date