

DEPARTMENT OF EDUCATION EARMARK – YOUTH CAREER ACADEMY INCENTIVE TRACKING/RECEIPT FORM

Participant Name: _____

Case Number: _____

Instructions: Please specify the outcome achieved to receive each incentive. All incentives must be recorded on this form and maintained in the participant's case file. Documentation must be submitted according to Incentive Criteria.

Date Outcome Attained	Outcome / Criteria	Documentation	Incentive Description	Program Incentive Amount	Performance Incentive Amount	Sign upon disbursement/receipt	Date
EXAMPLE 8/15/2010	Literacy Gain in Reading	Copy of Functioning Level Increase Pre/Post Tests	Gift Card	0	\$75		
						Participant	
						YOC Staff	
						Participant	
						YOC Staff	
						Participant	
						YOC Staff	

Original: Participant Case File

Copy: Fiscal Unit (with invoice for reimbursement)