

WIA TITLE I-B POLICIES AND PROCEDURES MANUAL

KCDEE & River Valley Workforce Investment Board

POLICY & PROCEDURES MANUAL RELEASE

To	All WIA Title 1, and WIA Title I Sub-Recipients	SUBJECT AREA	Program Services
From	KCDEE Administration	POLICY NUMBER	CM 03-02
Date	5/19/04 (Revised 12/19/05)	EFFECTIVE DATE	1/18/06

SUBJECT: SUPPORTIVE SERVICE POLICY AND PROCEDURES

PURPOSE:

To identify availability of supportive services in LWIA #5, and establish fair and equitable procedures for dissemination of WIA Title I-B funds for supportive services. This includes, but is not limited to the determination of need for supportive services, setting appropriate financial limits, establishing resource coordination and referral procedures, and creating policies related to the issuance of supportive services. Policy direction is necessary in order to ensure that all WIA Title 1 and sub-recipient staff makes fair, consistent, and equitable determinations for WIA I-B customers, and to establish and implement sound administrative procedures.

REFERENCES:

WIA Regulations sec. 663.800, 663.805, and 663.810
WIA Statute 101(46), 134 (e) (2) and (3)

BACKGROUND:

A. WIA Title 1 Rules and Regulations

1. Definition, Regulations, and General Eligibility / Adults & Dislocated Workers:

Supportive services: services such as transportation, child care, dependent care, housing, and needs-related payments, that are necessary to enable a participant to participate in activities authorized under this title, consistent with the provisions of this title.

- Supportive services may be provided to participants through non-financial or financial assistance, or by arrangement with another partner or agency when necessary to enable a participant who is eligible for core, intensive, and/or training activities under WIA Title 1 to participate in such activities.
- Funds may be used to provide supportive services to adults and dislocated workers respectively – who are participating in programs with activities authorized under Core, Intensive, and/or Training service levels; and who are unable to obtain such supportive services through other programs providing such services.
- No participant will receive supportive service payments to assist him/her in training or other activities if the participant fails to participate in the training or activity without good cause. "Good cause" is defined as "circumstances completely outside the participant's control".

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- Supportive Service payments shall not be considered as income for the purposes of determining service level eligibility.
- A participant may be eligible for non-financial supportive services at any level of service at which time the need is determined through assessment.
- A participant must provide basic financial/budget information during an assessment with WIA Title I-B or sub-recipient staff in order for the determination of need to be established.

2. Definition, Regulations, and General Eligibility / Youth:

Supportive services for youth, as defined in WIA section 101(46), may include the following:

- (a) Linkages to community services;
- (b) Assistance with transportation;
- (c) Assistance with child care and dependent care;
- (d) Assistance with housing;
- (e) Referrals to medical services; and
- (f) Assistance with uniforms or other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye gear.

Any youth determined eligible for WIA Title 1 services as economically disadvantaged either through family size or as a participant is automatically deemed eligible to receive financial supportive services. The youth must be registered in WIA Title 1 and enrolled in the appropriate supportive service activity. Youth participating in WIA Title 1 services through the 5% window of eligibility or youth who are disabled or family of one (1) and whose parents are not economically disadvantaged will not be automatically eligible for financial support. A determination of need through an assessment must be performed for these youth.

B. WIA Supportive Services Resource Coordination & Referral Procedures

WIA Title 1 and sub-recipient staff must have general knowledge of available resources (financial and non-financial) within the LWIA area. Such knowledge is obtained through the local resource listings to be made available in the career resource centers, State-sponsored resource and referral services available through the internet, attendance at local community resource network group meetings, resource sharing agreements or arrangements with One-Stop partners, or through other available means.

Once an assessment and needs determination is conducted, WIA Title 1 and/or sub-recipient staff should first refer the participant to available resources within the community for which they believe the participant will be eligible. Such referral should be made in written or acceptable electronic forms, such as via the ARN system or email notification.

If eligibility for or availability of local resources has been ruled out, WIA Title 1 resources may be utilized.

C. Allowable Supportive Services for WIA eligible participants:

“Eligible” means that the participant: (1) must have been determined eligible for and (2) enrolled in an appropriate level of WIA services, verified through the State’s MIS system, (3) is unable to

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obtain such supportive services through other programs providing such services, and (4) has a demonstrated financial need following analysis of the participant's financial circumstances.

Supportive Services are limited by the finite availability of funding as identified in the grant budget. Funds may be affected by rescissions, may be diminished near the end of each program year, or may be limited in other ways. In order to conserve the limited funding, the following procedures are to be followed:

Assessment of Need: At any level of service an assessment may be made of the need for supportive services. Such need must be in accordance with the intent of and definitions found in A.1. above. WIA Title 1 staff and service providers should first make reasonable efforts to locate or provide information to the participant about alternative resources and assist them in accessing these resources.

Establishing Need: In the absence of alternative resources, or in times when accessing alternative resources presents an additional barrier to a participant's participation in WIA Title 1 services, WIA staff or service provider is to:

Step 1: Update participant's budget information in the State's MIS system, documenting, verifying and justifying the need;

Step 2: register participant in each of the supportive service activities, as appropriate;

Step 3: record issuance of supportive services in the case notes.

Reassessment of Need: Reassessment of need should occur at the following times:

- a) prior to each new semester of classes or new class start;
- b) at the beginning of a new program year for those participants who received services in the prior year;
- c) upon any request by a participant for new or additional supportive services, or
- d) during regular case management or follow-up contacts.

Step 1: Update the participant's needs determination and budget information in the State's MIS system to reflect any changes in the participant's circumstances impacting financial need;

Step 2: Document changes in participant's case notes;

1. Child Care / Dependent Care

WIA Title 1 staff or service providers will establish hourly rate eligibility based on the participant's programmatic needs for childcare.

For ongoing childcare the participant should complete and mail the Child Care Resource and Referral (CCR&R) form for eligibility determination.

A temporary childcare subsidy can be provided when needed for training or employment. This temporary subsidy shall not exceed 30 training days or employment days at a rate of \$2.50/hour per child. Days that exceed the maximum must have supervisor approval. Under special circumstances, payment may be made for childcare costs over the stated maximum to ensure training and employment is maintained.

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Child care must be provided through a legal care arrangement by which all child care providers must be at least 18 years of age and the provider is not a responsible relative of the child.

Childcare may be provided for children under age 13 or for children age 13 or older that need the care because of a physical or psychological condition or court-ordered guardianship.

Payment for childcare must be authorized in the childcare provider's name and mailed to the provider's address.

2. Transportation

Transportation is paid at the most reasonable and economical rate. Participants in need of transportation assistance should be encouraged to use public transportation if public transportation is available, less costly than driving, and reasonable (in terms of pick up, drop off, and schedule). When public transportation is used, the amount of the actual fare for each trip is authorized, or the cost of a monthly pass, whichever is less. If the participant must use more than one form of transportation, for example, participant uses the bus and the Metra train, allow the most reasonable total cost for the trip. Bus passes or tokens are the preferred means of assistance. Carpooling should be considered as an option when possible.

If a participant has access to a vehicle and is in need of financial assistance for mileage expenses, actual mileage must be documented and shall be reimbursed a rate of 80% of the current federal mileage allowance per mile, after deducting 10 miles per week for each period reimbursed. (The deduction is due to an expectation that a participant reasonably should be able to travel this minimum mileage without reimbursement in order to gain benefit from such activities provided to eligible participants under WIA.)

Transportation expenses are authorized as an advance payment to participants for travel necessary to get to and from approved activities.

The transportation allowance covers activities such as: work-related activities, job clubs, approved education and training, assessment interviews, job retention meetings, counseling and treatment needed to eliminate barriers to employment such as domestic violence, substance abuse treatment, mental health treatment, job interviews for the participant, scheduled appointments, and locating suitable child care and taking children to child care, if appropriate.

Employed Participants - Allow transportation expenses for employed participants who have not yet received their first paycheck.

3. Expenses with Cash and Time Limits

Total payments for expenses with time and cash limits for one (1) participant cannot exceed \$1,200 in any 12-month period ***without the approval of the RVWIB's designated committee.*** Some of these expenses also include individual limits.

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- Repair of an auto (maximum \$900 in any 12 months). Obtain one (1) estimate for the purchase or repair of items listed in this section. If the estimate is over \$100, obtain a 2nd estimate. For items \$100, or less, an informal estimate may be used (TV, newspaper or radio ads). Authorize the least expensive item(s). **Supervisory approval is required.** Do not approve a request for payment of automobile repairs unless:
 - The participant has no other available and suitable form of transportation to and from the job site or work and training activity.
 - The participant is unable to report to the job site or the work and training activity unless the auto is repaired.
 - The participant has a valid driver's license and provides proof that he/she has or can get insurance.
 - The automobile, when repaired, will be suitable for the purpose intended. No other obvious mechanical defect has been observed.
 - The title and license of the automobile are in the name of the participant or their spouse who lives in the home.
- Auto license plate fees.
- Auto liability insurance at the least costly rate but not over \$675 in any 12 months.
- Special clothing such as uniforms or outsized clothing needed for the participant to meet a dress code for an activity or employment (\$600 in 12 months).
- Required tools not provided by the employer (\$600 in 12 months).
- Other required items related to the specific job (maximum \$900 in any 12 months). **Supervisory approval is required.**

Note: Payment may not be issued to buy firearms, to pay bail bonds or traffic tickets.

4. Emergency Services

All emergency services are for one (1) time temporary assistance only. Emergency services requests are considered on case-by-case basis only as recommended by the WIA staff or subrecipient or subawardee staff and approved by the appropriate supervisory personnel or authorized WIA Title 1 sub-recipient. Local community resources and requirements should be identified. Referrals for financial counseling may also be appropriate.

Utilities. Temporary assistance only. Participant to be referred to utility company to work out deferred or budget payment plan. If emergency funds are still needed, they will be used to cover required down payment for one (1) time only.

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Food. Temporary assistance only. A participant in immediate need of food will be referred to available local community resources, food pantries, and the Department of Human Services to apply for food stamps.

Health/Medical. Temporary assistance only. Participant to be referred to local community resources, and to Department of Human Services to apply for medical card, or to local county health department for *KidCare* program.

Other Emergency: Temporary assistance only. Participant to be referred to local community resources, as appropriate.

NOTE: Credit Card Payments are not an allowable supportive service expense.

D. Community Resources.

Each IETC shall identify and maintain a local listing of available resources along with requirements for accessing those resources. Additionally, IETC partners are to provide updates to any State or locally sponsored information and referral resource system. Efforts to link participants with local community resources shall be documented in State's MIS system and ARN and other areas noted above.

E. Disqualifying Factors

- If a participant refuses to follow through on WIA Title 1 staff or service provider referrals to local resources, the participant will be deemed inappropriate to receive supportive services and perhaps may be disqualified from continuing in WIA Title 1 activities.
- Department of Human Services participants may not receive supportive services that would be duplicated services they are eligible to receive through DHS.
- Dislocated Workers with estimated household income exceeding their household budget might be disqualified from consideration for supportive services.
- If a participant's participation level falls below 90% for the period for which supportive service payments are being made, the participant may be docked a pro-rated amount of the supportive service payment. Continued attendance problems may disqualify participant entirely from receiving supportive services. A minimum of 90% attendance in scheduled WIA activities is required. There is no differentiation between excused and unexcused absences. The attendance rate is determined by the following formula: number of hours absent in a period divided by the number of hours scheduled for the period. In the event the attendance problem is a direct result of the need for the supportive services, an exception may be made.
- If a participant is not complying with program/services agreement.

F. Approval Process. WIA Title 1 staff or service provider may authorize supportive services. The appropriate supervisory personnel or authorized WIA Title 1 subrecipient, must approve all emergency supportive services requests.

G. Submission and Tracking of Supportive Services Process.

A voucher for supportive service dollars must be prepared, signed by the Appropriate supervisory personnel or authorized WIA Title 1 sub-recipient, placed in the participant's file and submitted to the Fiscal Officer along with timesheet and other verification and documentation as applicable.

H. Other Related Concerns.

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WIA Title 1 staff shall inform participants receiving supportive services that they are receiving assistance based on participant need, and that it is inappropriate for them to discuss information about their services with other WIA Title 1 participants.

Exceptions to this policy may be considered based on unique, unforeseen participant situations. All requests for exceptions to items in this procedure must be submitted by case manager to the appropriate supervisory personnel or authorized WIA Title 1 sub-recipient for consideration and final approval.

EXPIRATION

Ongoing.

ATTACHMENTS:

1. SUPPORTIVE SERVICE AGREEMENT
2. PARTICIPANT TRAVEL FORM BACKUP
3. PARTICIPANT EXPENSE VOUCHER
4. CHILDCARE VERIFICATION FORM

KCDEE SUPPORTIVE SERVICE AGREEMENT

Participant Name _____ SSN _____

1. I understand that WIA Title 1-funded supportive services are provided on an individual basis, and that any information about benefits that I may receive will be kept in strict confidence.
2. I understand that my individual family financial situation was taken into account when the determination of appropriateness and amount of any supportive services for me was made by KCDEE/Title 1 provider.
3. I understand that my receipt of supportive services is contingent on the fulfillment of my performance and evaluation obligations and of any training contract I have with KCDEE/Title 1 provider. Failure to comply will result in termination of supportive services and may result in termination of Title 1 benefits.
4. I understand that I must notify my KCDEE/Title 1 representative of any changes in my financial situation.
5. I understand that any falsification of my financial need will result in termination of supportive services and may result in termination of Title 1 benefits.
6. I understand that I must meet a 90% attendance rate on a weekly basis in any training or employment programs through KCDEE in order to receive supportive services.

To determine 90% attendance, use the following formula:

_____ hours per week X .9 = _____

Participant Signature

Date

KCDEE/Title 1 Staff Signature

Date

PARTICIPANT TRAVEL FORM BACKUP

Participant Name: _____ Participant Signature: _____

Date Submitted: _____ Type of Transportation: _____

Week of: _____ Expense / Rate: _____

Date of Travel	Description / Purpose of Travel	Total Miles Traveled During the Week
Sub-Total		
Deduct 10 miles		- 10 miles
Total Miles to be Claimed		
(80% of \$.485) Multiply Total Miles x \$.38 to obtain Allowable Amount for Reimbursement		

Signature of Instructor Or Other Staff _____ Date: _____

PARTICIPANT TRAVEL FORM BACKUP

Participant Name: _____ Participant Signature: _____

Date Submitted: _____ Type of Transportation: _____

Week of: _____ Expense / Rate: _____

Date of Travel	Description / Purpose of Travel	Total Miles Traveled During the Week
Sub-Total		
Deduct 10 miles		- 10 miles
Total Miles to be Claimed		
(80% of \$.485) Multiply Total Miles x \$.38 to obtain Allowable Amount for Reimbursement		

Signature of Instructor or Other Staff _____ Date: _____

PROGRAM YEAR _____

DATE SUBMITTED TO FISCAL _____

**KANE COUNTY DEPARTMENT OF EMPLOYMENT & EDUCATION (KCDEE)
PARTICIPANT EXPENSE VOUCHER**

Registrant Name		SSN	
Registrant Address			
	PAYABLE TO (if not registrant)		
	Payable Address		

Type of Expense	Childcare	Transportation	Medical	Other:
Core, Intensive or Training Related	EXPLANATION OF NEED			AMOUNT
IETC	CIRCLE TITLE: 1A 1D /List Event: _____ 1S / List Event: _____			
	1YI 1YO Non- Resident _____ Other: _____			

Voucher Total	\$	Prior Current Year Voucher/s Total	\$	Projected Balance for Current Year	\$
Prepared by (ETR)		Approved by (Mgr.)		Entered by (Fiscal)	
Date		Date		Date	

Distribution: Fiscal Registrant File

PROGRAM YEAR _____

DATE SUBMITTED TO FISCAL _____

**KANE COUNTY DEPARTMENT OF EMPLOYMENT & EDUCATION (KCDEE)
PARTICIPANT EXPENSE VOUCHER**

Registrant Name		SSN	
Registrant Address			
	PAYABLE TO (if not registrant)		
	Payable Address		

Type of Expense	Childcare	Transportation	Medical	Other:
Core, Intensive or Training Related	EXPLANATION OF NEED			AMOUNT
IETC	CIRCLE TITLE: 1A 1D /List Event: _____ 1S / List Event: _____			
	1YI 1YO Non- Resident _____ Other: _____			

Voucher Total	\$	Prior Current Year Voucher/s Total	\$	Projected Balance for Current Year	\$
Prepared by (FTR)		Approved by (Mnr)		Entered by (Fiscal)	

KCDEE CHILD CARE VERIFICATION FORM

Name of KCDEE Participant _____

This form verifies that the above KCDEE participant is receiving child care services from the following child care provider. The form is to be completed by the child care provider.

Name of Child Care Provider _____

Address _____

Phone _____

Day of Week	Date (Month, Day, Year)	Number of Children	Hours Per Day	Rate Per Hour	Total Per Day
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Per Week					

Signature - Child Care Provider

Date

Signature - KCDEE Participant

Date