CAMO2COMMERCE POLICY & PROCEDURE

TITLE: Support Service for Camo2Commerce
POLICY #: 531
REVISION: NA
EFFECTIVE DATE: 1-1-14
REVISION DATE: NA

APPLIES TO: WIA NEG funded Camo 2 Commerce Program

REVISION HISTORY

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date</th>
<th>Revision Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original</td>
<td>NA</td>
<td>This policy allows for the provision of supportive services for C2C participants. This policy applies only to the C2C NEG program &amp; will be rescinded upon completion of the program.</td>
</tr>
</tbody>
</table>

BACKGROUND:
Support services for dislocated workers are defined in the Workforce Investment Act of 1998 (WIA) Sections 101 (46) and 134 (e) (2) and (3). They include services such as transportation, childcare, dependent care, and housing when they are necessary to enable an individual to participate in activities authorized under WIA Title I-B. Coordination must occur with other resources in a community to ensure that support services are provided only when they are not otherwise available.

Support services may be provided to enrolled C2C participants to enable them to participate in C2C program activities. Support services may not be provided to pay for the needs of a participant’s family members such as clothing, medical, school supplies, etc. However, in some cases the family members may benefit when the participant is provided support service for things such as food, hygiene supplies, dependent care, housing or utilities. The Request for Training or Support Service form (Attachment 1) must be used as an internal control to assure coordination with other community resources, equitable treatment, and to document the support service process.

Participants who completed the program with a job may be provided supportive services during follow up for up to 12 months after their exit date (Planned Program Completion Date).

Note: The provision of tools is an allowable supportive service and is addressed in the PacMtn Tool Policy #540, Revision 2.

POLICY:
The C2C NEG program will not provide Needs Related Payments.

The C2C program staff shall enter into SKIES each support service provided to a participant using the appropriate (active or follow-up) service available in the State’s SKIES Service Catalogue.
Support services provided after a participant exits must be entered into the Follow-Up Plan in SKIES using the follow-up service called “Post-Program Support Services”.

C2C NEG funded support services may be provided to participants who:

1. Are enrolled in the C2C program and need support services to be able to participate in the program;
   ➢ Or,
2. Have exited to a job and need support services to retain employment or to become re-employed if they lose their job.
3. Support services may be provided for up to 12 months after exit (Planned Program Completion Date);
   ➢ And in both cases:
4. Are unable to obtain the supportive service through any other resource providing such services. In cases where the need is urgent or may constitute a potentially unsafe situation for the participant, other resources may not need to be considered. (WIA Section 134 (e) (2) (A) and (B).

**GUIDANCE**

1. **Limitations and Guidelines:**
   The following guidelines are provided to assist C2C program operators in administering supportive services:
   a. C2C program operator management may authorize their C2C staff to provide supportive services up to a maximum $1,500 per participant per program year without management’s approval. However, a program operator may choose to authorize a lower amount.
   b. To provide support services in excess of $1,500, a C2C program operator’s management must approve the additional assistance on the Support Service Waiver Request form (Attachment 2). File the waiver in the participant file along with the Request for Training or Support Service (Attachment 1).
   c. Participant files must adequately document that all supportive services are allowable, reasonable, justified, and not otherwise available to the participant and show evidence of collaboration, when feasible. Program operators must use the Request for Training or Support Service Request (Attachment 1) in order to properly document these requirements.
      ➢ The participant must complete a family or personal Budget Worksheet (Attachment 3) in order to fully document that there is no other resource available. The budget should be updated if their financial situation changes and support services are requested.
d. This Request for Training or Support Service Request form is optional for the provision of fuel, however, there must be documentation in the file to justify the amount of fuel provided and documentation that the participant was informed that s/he is to use the fuel for program activities. Program operators who have created forms for this purpose should include a statement for the participant to read and sign indicating that they were informed and agree to use fuel only for program activities.

e. To the extent possible, payment should be made directly to a vendor. In cases where the program operator chooses to reimburse the participant for purchased goods or services, documentation of proof of purchase must be in the file.

f. Fines and penalties are not an allowable cost.

2. **Documentation and Support Services:**
   Every instance of granting supportive service must be documented in the participant file to show that the supportive service is allowable, reasonable, justified and not otherwise available to the participant. The Request for Training or Support Service Form (Attachment 1) was developed to ensure that all documentation requirements were addressed. It must be fully completed, signed and filed in the participant file along with supporting bills/invoices or other required documents. Program operators may choose to have additional documentation of support services in case notes.

3. **Determination to Provide Services:**
   Supportive Services for participants must be viewed in a manner that underscores collaboration. C2C resources are limited and must be administered with the knowledge that some supportive service needs may be met through linkages with other WorkSource and community partners. Every effort must be made on the part of C2C program operator to find other resources available in the community to assist with participant needs. Other resources contacted are to be documented on the Request for Training or Support Service form unless the form documents that the need is so urgent that collaboration was not possible.

   The program operator must keep the completed participant’s personal budget in the participant file to document that the participant does not have the financial resources to obtain the service without support services being provided. The participant will typically complete a personal budget at the beginning of program participation. If a participant’s financial situation changes and s/he requests supportive services, they must update their budget to document their need for assistance.

   The “Types of Support Services” listed in this policy provides examples to assist staff in assessing the appropriateness of providing supportive services. Other resources contacted are to be noted on the Request for Training or Support Service form.

   Support Services may be provided to a participant when needed:

   a. To allow the participant to participate in program activities; or,
   b. For the participant to accept or retain employment;

   ➢ AND WHEN
c. No other resource is available to meet this need; or

d. The need is so urgent that collaboration was not possible.

4. **Educating Participants About Support Services:**

Participants need to be informed that support services are not meant to be provided as an on-going service and that they can only be provided when funding is available. Support services are allowed to enable them to participate in the program; therefore, bills/invoices must be in their name. If not, they must provide information about the person named on the bill. It should be a person they reside with such as a spouse, significant other, relative, roommate, etc.

Participants need to be informed of any known resource(s) in the community that may be able to help them with their needs. It may be helpful at the beginning of their participation to inform them of community resources before s/he has a need arise. When appropriate, the program operator should inform the participant of the Affordable Care Act and give them the following website:

www.wahealthplanfinder.org/

C2C participants should use their military benefits, including medical, before requesting C2C support services. A useful website to explore military benefits is at:

www.va.gov

Participants should be informed that they are responsible for applying for other community resources to assist them with their needs before C2C support services are used. However, when the program operator knows that one of the following conditions applies, they may provide the support service needed and document the situation on the Request for Training or Support Service form.

a. No other resource is available; or

b. If the need is so urgent that collaboration was not possible; or

c. That the time involved in having the participant seek out or apply for other services would jeopardize the participant’s safety.

Participants should be informed that although a support service may be allowable, that the C2C program may not be able to commit to paying for the entire cost of a support service. In some cases, a participant may need to negotiate with a vendor and make arrangements to pay for costs above the amount the C2C program can commit to pay.

Program operators must strive to be equitable in providing supportive services to all of the participants in a program. Because each participant’s individual situation is taken into account when determining the provision of support services, the amount of support services provided will not always be the same. Participants have been known to share information with other participants regarding the type and amount of support services they have received. Should a participant express their belief that they are entitled to the same type and/or amount of
support service that the C2C program has provided to another participant, they need to be educated to the fact that:

a. The C2C program is not an entitlement program, therefore they are not guaranteed that any specific amount or type of support service will be provided.

b. Their individual situation will be examined and the program will provide them with supportive services based upon their needs to be able to participate in the program.

c. Support services are dependent upon the funding available in the C2C program at any given time and that this may change throughout the program year.

### TYPES OF SUPPORTIVE SERVICE

1. **Health Care and Medical Services:**
   In all cases of providing support services for health/medical care, the C2C program operator’s staff must determine if the participant has other insurance health/medical benefits available.

   Following are examples of the types of health/medical assistance that may be provided:

   a. **Dental.**
      
      Example: Support service is allowable when a C2C program operator determines that a dental condition is a severe barrier to employment. It is not allowable to provide support service for on-going dental maintenance such as cleaning.

   b. **Medical diagnostic, treatment, and prescriptions.**
      
      Example: Support services to provide a medical exam required for employment is allowable (if not paid for by the prospective employer). It would also be allowable to provide support service for a participant who has no other resource and the medical care is needed for them to be able to work. It would be allowable to provide support service for a pharmaceutical prescription if the participant’s ability to work would be at risk without taking the prescription and only if the participant will be able to purchase the prescription on an on-going basis in the future.

   c. **Prosthetic devices such as eye glasses, dentures (see A.), hearing aids, etc.**
      
      Example: It is allowable to provide support services for glasses or hearing aids that are medically necessary for a participant to be able to accept or keep a job. Program operators may consider researching possible resources available through the Department of Vocational Rehabilitation (DVR) for participants who have disabilities, and provide a referral if appropriate.

2. **Dependent and Child Care Services:**

   a. **General Dependent or Child Care:**
      
      Example: It is allowable to provide support service to ensure proper care of dependents and children to enable the participant to participate in a C2C funded program activity.
However, C2C programs will not have sufficient funding to pay for day care on an ongoing basis; therefore, participants should be informed of any other known resources for child care. Participants should also be encouraged to develop a long-term plan for child care that includes a back-up plan for emergencies.

b. Requirements to be a Dependent or Child Care Provider:

In order to reduce the liability to PacMtn and the C2C program operator, no monies shall be paid to any childcare provider unless the Washington State Department of Social and Health Services has certified the provider. This will ensure that program operators use dependent and childcare providers who are providing safe and adequate services at the lowest cost.

c. Family members providing Dependent or Child Care:

Family members may not be paid for providing child care unless the Washington State Department of Social and Health Services have certified them as a provider.

3. Housing and Utilities:

The intent of this policy is to allow the provision of support service assistance for one month only during a program year for each of the following categories (a, b, and c):

a. Rent or mortgage payment; and
b. Utilities; and
c. Minor emergency repairs.

If a participant is co-enrolled in another WIA funded program and if one program provides support services to pay for housing and/or utilities for one month, the other program may not pay for these again in the same program year unless a waiver is approved by the C2C program operator management.

Program operators must review bills and determine if the amount due is for more than one month. If the bill is for more than one month, determine the amount for one month to be paid for with support service. The participant should be informed that they will need to communicate with their landlord or utility company to make arrangements for the full payment of the bill. The program operator must not pay for any late fees.

Required Documentation for Renters or Mortgage Payments:

- For renters, a lease or rental agreement along with an original bill signed by the landlord is required.
- For house payments, the mortgage company “payment due” document is required. It must be current and include the address of the residence, the name of the responsible person, the amount owed (by month) the date(s) for which the money is owed and late fees if any. It must be in the participant’s name or in the name of a family member (a family is defined as husband, wife, dependent(s); or a parent or guardian and dependent children; or a husband and wife. Husband and wife include same-sex married couples. If the bill is in
the name of a person who is not a family member, such as a roommate, the participant’s must provide a lease or rental agreement showing them as a resident.

Utilities Include:
- Water
- Sewer
- Garbage
- Electric
- Gas Service for cooking, heating, etc.
- Cable for Internet (if required for a class including distance learning)
- Phone Service
  - It is generally accepted that participants must have a phone for job search or to maintain employment, whether a home phone or a cell phone.

**NOTE:** Paying for deposits for rentals or utilities is discouraged. Contact PacMtn for guidance if a participant requests support service assistance for deposits.

4. **Business Licenses and Business Capital Equipment for Self Employment:**

*Allowable* - Legal requirements of the State of Washington for beginning a business, such as fidelity bond and a business license.

*Not Allowable* - Business start up costs including capital equipment. The payment of a personal loan that was taken out to pay for these costs.

5. **Social Services:**

- Mental health counseling (but not on an on-going basis)
- Family planning services on a voluntary basis only.
- Financial counseling (free non-profits services should be used when possible)

6. **Transportation:**

a. **Repairs:**
   i. Vehicle repairs are limited to one vehicle per participant even if the participant changes vehicles while participating in the program unless the C2C program operator management approves a Support Service Waiver Request (Attachment 2).
   
   ii. A copy of the vehicle registration must be in the participant file. The vehicle must be registered in the participant’s name or in the name of a member of the participant’s household or family.

   iii. The bill for the repair must include the name of the participant and a description of the vehicle, make, model and year.
iv. If repairing the vehicle will not return it to a condition that the participant's mechanic determines to be safe to operate, or if the repair will cost more than the value of the vehicle, then the participant, in consultation with the C2C program operator, must develop another plan for transportation.

v. If a C2C program operator purchases car parts with the understanding that the participant (or designee) will install the parts; the bill from the parts store must indicate the type of car the parts are for. The Support Service Waiver Request must document why parts only are being purchased and who will be installing the parts. The C2C program operator should verify with the participant that the parts were installed and document this in the participant file.

b. Fuel for the Participant Vehicle:
   Fuel may be provided to allow the participant to go to school, do a job search, participate in program activities, and/or to get to work. In some cases, a participant must rely upon a family member or a friend to transport them. In such cases, it could be appropriate to provide fuel if the driver requires the participant to pay for fuel to deliver them to their destination.

7. Clothes, Equipment and Tools:
   Interview and/or work clothes, and shoes or boots may be provided for the participant only. Clothing for other family members is not allowable. Clothes should be appropriate for the type of work that the participant is seeking.

   Equipment and tools may be paid for when they are required during training or for a job. Tools require additional documentation (see PacMtn policy #540). Non-personal items of a uniform such as a belt and equipment used in a correctional officer training program) are to be returned when training is not completed successfully or the employment goal changes to one in which these would not be needed.

8. Food and Personal Hygiene Supplies:
   Food is an allowable support service but should be done only on a temporary or emergency basis, not as an on-going support. Participants must be informed of and use other resources such as food stamps, WIC and food banks. Pet food/supplies, alcoholic beverages, and cigarettes are not allowable.

   Personal hygiene items are allowable if needed for the participant to be able to participate in the program, obtain or maintain employment.

9. Assistance with Relocation Expenses:
   The provision of support services to assist with the cost of relocation is allowable but only when there is a bonafide offer of employment that has been documented with the employer. It is preferable to document this in writing from the employer (must include all of the information needed to enter a placement in SKIES). If the participant must leave before a written verification can be obtained, then it may be documented by speaking with the employer by phone or email. The C2C program operator must confirm with the employer whether or not they will be providing assistance to the participant for moving costs or if a
bonus is paid upon hire. Additionally, any assistance for relocation from the military would need to be taken into consideration.

As with all support services, the cost must be reasonable (maximum of $1,200). The C2C program operator may choose to have a policy to approve a lower amount.

C2C program operators must complete the Training and Support Service Request form, filling in the amount of reimbursement the program will commit to for relocation on the line named “Assistance Requested” and entering in the “Justification for Service” section that the service is for relocation to a job and the city/state.

The C2C program operator should instruct the participant to submit an updated personal budget along with a written estimate of their costs for relocating that includes the costs that the program will reimburse for such as: fuel, food, motel, U-Haul, etc. The participant must be informed of the receipts that they must submit for reimbursement and the best method for delivering these to the program operator.

It is not allowable to reimburse for fuel before the participant’s departure date or to reimburse for the cost of more than one personal vehicle on the trip.

10. Testing, Licenses and Miscellaneous:
Participants may need assistance to pay for testing and/or a license after completing training or to update a license that has lapsed. Support services may be provided to pay for these expenses such as for a driver’s license, CDL, C.N.A., food handler’s permit, etc.

Union dues and teacher certification & fingerprinting are allowable. Since every type of need cannot be listed, C2C program operator staff may use the rule of thumb that if the support service is needed for the participant to be able to find, accept or keep a job, then it can be provided.

C2C program staff may consult with their direct supervisor if they have a question about a specific support service being allowable. The support service must also be reasonable and the participant must have no other resource available to assist them with the cost.

11. Support Service During Follow-Up:
Support services may be provided as a follow-up service for up to 12 months after a participant exits the program to unsubsidized employment. Assistance may be provided for transportation, job retention and/or job advancement by providing, for example, workshops on computer skills, communication, etc.. Training is not an allowable cost after a participant exits the program so be sure that any workshops provided would meet the definition of intensive (training) costing under $700 and lasting less than one week.

**EQUAL OPPORTUNITY:**

PacMtn is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons of disability.

**REFERENCES:**

Camo2Commerce
Policy # 531 Support Services
- WIA Sections 101(46)
- WIA Section 134 (d)(2)(H) and 134 (e)(2) and (3)
- PacMtn Policy #540 Tools & Equipment or Adults & Dislocated Workers

**ATTACHMENTS:**

1) Camo2Commerce Request for Training or Support Service
2) Camo2Commerce Support Service Waiver Request
3) Budget Worksheet

**DIRECT INQUIRIES TO:**

Program and Performance Coordinator  
1570 Irving Street SW  
Tumwater, WA 98512  
Email: michelle@pacmtn.org  
Phone: (360) 570-6980

**APPROVED BY**

Cheryl B. Fambles, CEO
Supportive services may be provided only when the service is allowable, reasonable, and justifiable and is not available through another resource. This form is not required for a bus pass, fuel or tools (see tool policy). If this is an emergency request, staff must document this in the justification.

Participant Name: ____________________________________________

Assistance Requested: ____________________________________________

What documentation is required from the participant:  
☐ Family Budget  ☐ Car Registration
☐ Estimates for ______________________________  ☐ Other: ______________________________
☐ Rental Agreement____________________________  ☐ Other: ______________________________

STAFF - LIST POSSIBLE NON-WIA RESOURCES

List potential non-WIA resources, have participant contact and list the outcome here. If no other resources are available, leave blank.

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

JUSTIFICATION & APPROVAL FOR PROVIDING SUPPORT SERVICE

Write a brief narrative to justify the support: ____________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

The request is:  ☐ Reasonable  ☐ Justifiable  ☐ No other resource is available

APPROVAL

Staff Signature ___________________________ Date ____________
ATTACHMENT 2
CAMO2COMMERCE
SUPPORT SERVICES - WAIVER REQUEST

CHECK WAIVER TYPE:
A. ____ In-house (over $1,500)
B. ____ To provide rent or utilities more than once in a program year.
C. ____ Services exceeding $500 for tools, $200 for work clothes, $100 for gas/month for off-base training, or $100 for new hire/relocation gas.

PROGRAM: Camo2Commerce DATE: ________________________________
CONTACT: ________________________________ PHONE: ________________________________
PARTICIPANT: ________________________________
JUSTIFICATION OF WAIVER: ______________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Program Counselor ________________________________ APPROVED DENIED DATE
Program Director* (Sean/Shellie) ________________________________
*Required for A, B, and C

Administrative Entity* (Pam/Kurt) ________________________________
*Required for A and B

COMMENTS

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please attach appropriate documentation, such as a quote, receipt, or other supporting documentation.
# ATTACHMENT 3
## CAMO2COMMERCE

### Budget Worksheet

#### MONTHLY HOUSEHOLD EXPENDITURES
Fill out how much you spend on the following:

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual</th>
<th>Projected</th>
<th>ACTUAL</th>
<th>PROJECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile Repair</td>
<td>$</td>
<td>$</td>
<td>Wages</td>
<td>$</td>
</tr>
<tr>
<td>Automobile Insurance</td>
<td>$</td>
<td>$</td>
<td>Housing Allowance</td>
<td>$</td>
</tr>
<tr>
<td>Car Payment</td>
<td>$</td>
<td>$</td>
<td>Welfare</td>
<td>$</td>
</tr>
<tr>
<td>Gas/Transportation</td>
<td>$</td>
<td>$</td>
<td>Food Stamps</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td>$</td>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>$</td>
<td>$</td>
<td>SSI/OASI</td>
<td>$</td>
</tr>
<tr>
<td>Gym Membership</td>
<td>$</td>
<td>$</td>
<td>Child Support</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card Payments</td>
<td>$</td>
<td>$</td>
<td>L&amp;I</td>
<td>$</td>
</tr>
<tr>
<td>House/Mortgage Payment</td>
<td>$</td>
<td>$</td>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Rent</td>
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<td>$</td>
<td>TOTAL INCOME</td>
<td>$</td>
</tr>
<tr>
<td>Misc Household Expenses</td>
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<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cable/Internet/Telephone</td>
<td>$</td>
<td>$</td>
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<td></td>
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<tr>
<td>Electricity/Gas- utilities</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Water/Sewer/Garbage</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Equipment Rental</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Medical/Dental Insurance</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Medical/Dental Payments</td>
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<td>$</td>
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<td>Child Support</td>
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<tr>
<td>Clothing</td>
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<tr>
<td>Other:</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
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#### MONTHLY INCOME
List all sources of income and assistance for you and all family members that live with you:

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual</th>
<th>Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Housing Allowance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Welfare</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>SSI/OASI</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>L&amp;I</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
</tr>
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</table>

**TOTAL INCOME**

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual</th>
<th>Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I hereby certify that the information provided is true to the best of my knowledge.

Signed ___________________________ Date ___________________________

Camo2Commerce
Policy 531 Support Services