
Type: Program Procedure

Date Established: 07/01/2016

Date Last Revised: 02/23/2018

Date Posted to Website: 07/07/2016

Status: Final

Supersedes: WIA Procedures in Policy # 530

Procedures

Determination to Provide Service

WIOA program staff must keep the completed participant's budget worksheet 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 must complete a budget worksheet at the beginning of program participation in a WIOA funded program. As participants reasonably progress through the program and additional support services requests are made, program staff must ask the participant's if their financial situation has changed and if so, require that the participant update his or her budget worksheet to confirm and document that there is a continued need for assistance.

Procedural Guidelines and Limitations

The following guidelines are provided to assist WIOA program operators and their program staff in the administration of supportive services:

Supportive services neither trigger nor extend participation.

A Title I- funded career or training service must therefore be taken to trigger a participation episode, which is necessary because a Title I-funded supportive service can only be provided to participants prior to exit.

Program staff must also provide an accompanying Title I-funded career or training service to trigger or extend participation to make the Title I-funded supportive service allowable when taken in conjunction with Training Paid by Others.

Supportive Services can be provided only to participants to enable them to engage in career or training services.

- WIOA program staff may provide supportive services up to a maximum \$1,500 per participant per program year without a supervisor's approval. However, a program operator may choose to authorize a lower amount.
 - Upon a participant's request for Support Services, staff is to ensure the participant is provided the Community Resource Sheet which identifies low cost and/or free services available locally. These services should be utilized prior to program support whenever possible.
 - To provide support services in excess of \$1,500, approval must be documented in the participant file using the waiver form, and signed by an authorized signatory.

- 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 staff must use the Support Service request form in order to properly document these requirements.

- The 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. The participant must understand the fuel is for program activities.
 - Forms created for this purpose should include a statement for the participant to read that explains s/he must only use the fuel for program activities.
 - The participant should read and sign the form to indicate that they understand and agree to use fuel only for program activities.
- To the extent possible, payment should be made directly to a vendor or provider. In cases where program staff chooses to reimburse the participant for purchased goods or services, adequate documentation must be in the file.

Supportive services include, but are not limited to the following:

- Assistance with local transportation costs, including fuel, expenses.
 - Transportation provided by others must be verified)
 - Also allows for limited private auto repairs associated with work or training (limited to one vehicle per participant);
- Assistance with licensed child and dependent care costs;
- Assistance with housing including, but not limited to rent and mortgage payments, including applicable principal, interest, and escrow.
- Assistance with Hygiene and Household Supplies;
- Referrals to, and in some cases assistance with, medical and prescription services, prosthetic devices, and mental health counseling;
- Assistance with uniforms or other appropriate work, employment interview attire, and work or training related materials or supply costs.
- Assistance with work and training related licenses, permits, and fees, including for Self-Employment;
- Assistance with out-of-state job search and relocation to a new job;
- Assistance with financial counseling.

Support services do not allow the following:

- Fines and penalties, such as traffic violations,
- Finance and or Interest charges resulting from late fees and or penalties
- Entertainment, including tips;
- Contributions or donations;
- Refundable deposits;
- Alcohol or tobacco products;
- Pet food;
- Out-of-state job search and relocation expenses that are paid for by the prospective employer or by the employer who has laid-off the individual.

WIT System Data Entry Requirements (*WorkSource Integrated Technology System, previously SKIES*)

For all applicable and required WIOA and or Wagner-Peyser applicant or participant Career, Training or Follow-Up Service data entry requirements, to include but not be limited to the following:

- Applicant or Participant Registrations,
- Program Enrollments,
- Eligibility Determinations (as detailed in policy #5000),
- IEPs,
- ITA's and Training Program Enrollments/Service Delivery,
- Training paid by others,
- Training/Program Completions
- Support Services,
- Exits,
- Follow-Up Services, and
- Case Note Entries

Additionally, all other data requirements previously entered into and managed in SKIES, as necessary per Policy 1020 - Data Integrity and Performance Reporting Requirements and Handbook, are still applicable for entry within the WIT System

Please follow all current and future Workforce Integrated Technology (WIT), System guidance, training, instructional materials and direct departmental or program supervisor instruction and policies developed.

If applicant or participant information is already entered in the WIT System, staff must verify that the information is current and/or make updates. If required by program, print out the applicable or necessary document, obtain signatures and place in the hard copy file. Please note all system data updates or changes in case note.

To deliver Career or Training Services, the program staff person is required to enter participant and program specific data which will create an Individual Employment Plan/Service Plan.

Data Validation Note:

The date of dislocation entered must be documented in the file with:

Verification from employer

- Rapid Response list
- Notice of Layoff

- Public announcement with UI cross-match
- Self-attestation for transitioning military by the Army Career Alumni Program (ACAP)
- Self-certification from military applicant

Applicants who identify them self as a veteran must have a copy of their DD214 in their participant file. The dislocation date must have the month, day and year.

Any discrepancies arising between PacMtn policy and or procedures with federal and state provisions due to current or future revisions will default to the current minimum federal and state regulations and guidance available. PacMtn policy and or procedures may set forth stricter requirements than provided by federal and state guidance, but in no case will PacMtn policy and or procedures not meet minimum federal and state policy.

References

PacMtn Policy # 5200 - Support Services

PacMtn Policy # 7200 – Youth Support Services

WIOA Sections 3(59)

WIOA Section 134(d)(2) and (3) and 134(c)(2)(A)(ix)(I) and (II)

WIOA 129(c)(2)(G)

WorkSource Information Notice

WIN 0078 Change 1

Training and Employment Guidance Letters

TEGL 19-16

TEGL 10-16

20 CFR 680.300

20 CFR 680.900

20 CFR 680.910

20 CFR 680.920

20 CFR 681.570

DATE APPROVED: June 4, 2016, February 23, 2018

Direct Inquiries to:

Pacific Mountain Workforce Development Council

1570 Irving Street SW

Tumwater, WA 98512

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Email: Info@pacmtn.org

PacMtn is an equal opportunity employer/program. Auxiliary aids and services are available upon request to persons of disability. WA Relay Services 711



ATTACHMENT 1
**Pacific Mountain WDC (PacMtn)
Waiver Request**

Required whenever the total cumulative support total exceeds \$1,500 allowable limit

PROGRAM OPERATOR: _____ DATE: _____

CONTACT: _____ PHONE: _____

PARTICIPANT:

Name: _____

Program: _____ Program Enrollment Date: _____

Current status in program - Where are they in their Individual Participant Plan: (In training, in job search, pre-exit, etc.?)

Please explain: _____

Co-enrolled: Yes ___ No ___ (If Yes, other program), _____

Total Support Services (\$) Provided To Date _____

JUSTIFICATION OF WAIVER

Program Staff

APPROVED DENIED DATE

Program Operator

APPROVED DENIED DATE

PacMtn Administration

APPROVED DENIED DATE



ATTACHMENT 1
Pacific Mountain WDC (PacMtn)
Training or Support Service Request

Supportive services may be provided only when the service is allowable, reasonable, and justifiable and is **not** available through another resource.

Ensure the participant has been provided the Community Resource information on the low cost and/or free services available locally. These services should be utilized prior to program support whenever possible.

This form is not required for a bus pass, fuel & tools (see tool policy). If this is an emergency request, staff must document this in the justification.

Participant Name: _____

Assistance Requested: _____ Transportation Cost _____ Auto Repairs _____ Housing
_____ Work Clothing _____ Work/Training Materials _____ Work/Training LIC/Certs/Permits
_____ Hygiene/Health _____ Child Care/Dependent Care _____ Out of State Relocation _____ Other

Staff - Justification for Service: _____

Staff - Program Funding Source: _____

Appropriate supporting documentation required from the participant is attached:

Budget Sheet Vendor Invoice: Participant Vehicle Registration Third Party Provided
Transportation Two Estimates for any Repair Rental Lease/Mortgage Statement: Other:

Staff - Please identify any applicable other local service providers not on the Community Resource List - If none exist, please note.

Others: _____

Participant - List which local provider(s) you have contacted, the help or amount they will provide. If denied, list the reason.

I do not have any other resources available to me at this time. I confirm I have been provided information on community resources available

I swear under penalty of perjury that the above information is true and correct to the best of my knowledge.

Participant Signature

Date

Staff Signature

Date