

CENTRAL OHIO WORKFORCE INVESTMENT BOARD

WIA SUPPORTIVE SERVICES POLICY

I. Statement of Purpose

The purpose of this policy and procedure is to set forth the necessary guidelines and implementation steps for the provision of supportive services to eligible Central Ohio Workforce Investment Corporation Workforce Investment Act (WIA) customers.

II. Definition of Support Services

Supportive Services are those necessary to enable an individual to participate in activities authorized under Title I of the Workforce Investment Act. Support Services may only be provided to individuals who are **actively**:

- Participating in registered CORE , Intensive or Training Services; and
- Unable to obtain supportive services through other programs providing such services; and
- May only be provided when they are proven necessary to enable individuals to participate in Title I activities [WIA Sec. 101(46)].

a. Such support services may include transportation, child care, dependent care, emergency housing, work clothing or uniforms, licensing or testing fees, medical and healthcare supportive services.

b. Supportive Services payments will be requested individually for specific needs. Because WIA programs are not an entitlement, supportive services payments may be made on a case-by-case basis only when determined necessary and reasonable.

c. All support services will be based on the individual need of the customer. Due to **funding limitations**, . WIA support service funding is to be used as the last resort. All other sources of funding must be sought first. All attempts to find other supportive service funding and the reasons for needed WIA funding must be documented in the participant's case file.

d. Supportive services are limited to a maximum of **\$2,000** program year per participant.

III. Reference

- a. Workforce Investment Act 1998 Section 101(46); 134 (d)(2)(h) and 134
- b. Title 20 Code of Federal Regulation (CFR) 663.800.

IV. Standard

The guiding principle for the provision of any Supportive Service shall be based on the participant's individual need. Through counseling and assessment, the determination of need and the level of assistance to be provided will be made on an individual basis.

In addition to services during the course of the WIA Adult/Dislocated Worker programs, supportive services should be provided in the post exit period up to 12 months after exit.

V. Transportation Service Policy

- a. Transportation assistance may be provided to WIA participants who are engaged in WIA activities.
- b. The WIA service provider will complete all supportive service documentation prior to paying for services to support transportation costs. These documents will include the following:
 1. Participant Request for Supportive Services (See attached form)
 2. WIA Referral form completed by WIA Service Provider and partnering agency to which services are being referred. This referral form must be returned to the WIA Service Provider to determine whether service could be provided or not. (See attached form)
 3. Statement from Franklin County Department of Job and Family Services (FCDJFS) and/or other agencies indicating unavailability of funds.
 4. Supportive Services Voucher. (May use contractor's voucher or see attached form)
 5. Mileage Reimbursement Form (if applicable) and the participant Time Sheet for verification of invoices and daily transportation to and from training.
- c. Reimbursement for mileage costs: In order to be reimbursed the participant must have a valid driver's license, automobile liability insurance, automobile registration (all documents must be current), and drive round trip daily in excess of five miles. The Career Facilitator must make copies of the documents and place them in the participant's file
 1. Mileage for training purposes (for travel in excess of 50 miles roundtrip): County residents attending full time training outside Franklin County in excess of 50 round trip miles will be limited to reimbursement of one round trip per week. Mileage will be verified by Map Quest or a similar website. **Participants that choose to attend training institutions outside of the local community , when the training they are receiving is available within the local community, shall receive commuting assistance as if they were attending training in the local community.**

2. Mileage for all other purposes and training mileage less than 50 round trip miles: All other mileage, in excess of five miles per day, will be reimbursed at the same level as the State of Ohio mileage rates.
- d. Bus passes are available to those participants whose schedule and childcare arrangements can be accommodated by public transportation.
 - e. Emergency transportation expenses such as car registration, first month's insurance fees (up to three (3) months), or vehicle repairs may be provided if such expenses are in support of a WIA activity, if other funding sources are not available. Total one-time emergency assistance for vehicle repair, car registration, first month's insurance up to three (3) months, or emergency or short-term housing assistance will not exceed \$1000.00. Documentation regarding the appraised value of the vehicle, vehicle's title/ownership (WIA participant must be named on the title); proof of insurance and three (3) vendor quotes should be obtained prior to providing for the service.
 - f. The WIA career facilitator will make reasonable efforts in seeking alternative options for the participant to resolve his/her transportation barrier. A plan of action regarding resolution of barrier(s) must be included in the individual employment plan prior to participant enrollment in any WIA activity. WIA funds may be used to pay for these services, only if they are not otherwise available to the participant.

VI. Child Care Policy

- a. Childcare assistance may be provided to WIA participants who are enrolled in WIA activities and not eligible for assistance under TANF or other funding sources.
- b. Childcare reimbursement will be at a rate that is considered usual, reasonable, and customary within this geographic area.
- c. WIA service providers will utilize vouchers for childcare providers licensed by the State of Ohio. Any use of non-licensed child care locations must have prior approval from the COWIC. Waiver requests to use non-licensed child care locations must have a justification as to the need to use.
- d. Childcare payments will not be made unless there is an actual cost to the participant for childcare, unless payment is required to maintain the child/children eligible for the service.

- e. WIA service providers will maintain adequate documentation to support childcare costs. These documents will include the following:

Participant Request for Supportive Services. (See attached form).

1. WIA Referral form completed by WIA Service Provider and partnering agency to which participant is being referred. This referral form must be returned to the WIA Service Provider to determine whether service could be provided or not. (See attached form).
2. Statement from FCDJFS and/or other agencies indicating unavailability of funds.
3. Supportive Services Voucher. (May use contractor's voucher or see attached form).
4. Statement from childcare Service Provider indicating the days that the participant's children were in day care.

VII. Emergency or Short-term Housing Assistance

- a. WIA service providers may provide participants with short-term supportive services payment during emergency situations related to housing or rental assistance, one-time utility payments, repairs, moving expenses, etc (participant must be named on lease or utility bill).
- b. WIA service providers will assist participant in contacting appropriate community agencies for assistance.
- c. WIA service providers will maintain adequate documentation to support emergency or short-term housing costs that may include copies of eviction notice, utility bills, repair, etc.
- d. The WIA service provider will complete all supportive service documentation prior to paying for services to support emergency assistance costs. These documents will include the following:

1. Participant Request for Supportive Services. (See attached form)
2. WIA Referral form completed by WIA Service Provider and partnering agency to which the participant is being referred for services. This referral form must be returned to the WIA Service Provider to determine whether service could be provided or not. (See attached form)
3. Statement from FCDJFS and/or other agencies indicating unavailability of funds.
4. Supportive Services Voucher (May use contractor's voucher or see attached form)
5. Copies of eviction notices, utility bills, repairs, etc

VIII. Medical

Medical examinations and/or immunizations for areas of training that require such are reimbursable to service providers and/or participants by COWIC. A letter indicating the need/necessity must be provided by the provider of training or employer.

IX. Uniforms

Uniform, tools, shoes, and other occupation specific equipment may be provided to participants when such items are required for training (and have not been provided as part of the training cost) or as a condition of training related employment. A letter indicating the need/necessity must be provided by the provider of training or employer.

The cost of a maximum of four sets of uniforms, one set of tools, one pair of work shoes, or other occupational specific items will be reimbursed on paid on an invoice basis. Three written quotes must be provided on any items which cost \$500 or more and the lowest bid meeting job requirements will be accepted. Receipts for all purchases are required.

VIII. Other Supportive Services

- a. WIA funds **may** pay for services to cover other expenses associated with participating in WIA funded activities **upon COWIC prior written approval.**
- b. Additional supportive service payments may include, but are not limited to, assistance in obtaining a driver's license, work related licensure or testing, and supplies for work, and emergency aid, etc.
- c. WIA service providers will maintain adequate documentation to support other supportive service costs.
- d. The WIA service provider will complete all supportive service documentation prior to paying for such services. These documents will include the following:
 1. Participant Request for Supportive Services. (See attached form)
 2. WIA Referral form completed by WIA Service Provider and partnering agency to which participants are being referred. This referral form must be returned to the WIA Service Provider to determine whether service could be provided or not. (See attached form)
 3. Statement from FCDJFS and/or other agencies indicating unavailability of funds.
 4. Supportive Services Voucher. (May use contractor's voucher or see attached form)
- e. Where WIA supportive services are provided, the WIA Service providers and/or career facilitator should ensure that participants receive financial counseling or participate in a budget management class for the purpose of learning proper budgeting and money management skills and assist them in achieving their goals of economic self-sufficiency.

IX. Procedure

(1) All WIA program applicants and participants shall be informed of paid and unpaid supportive services available through the local One-Stop system. This is to include services provided by the One-Stop partners, Service Providers and any applicable community resources.

(2) Supportive services may only be provided to individuals who are:
(a) actively participating in registered core, intensive or training services; and
(b) are unable to obtain supportive services through other programs who offer such services [WIA Sec. 134(e)(A) and (B)]. Additionally, supportive services may only be provided when they are proven necessary to enable individuals to participate in Title I activities [WIA Sec. 101(46)].

(3) To ensure successful participation in the appropriate employment or training activity (ies), career facilitators shall determine the supportive service needs of each individual to be enrolled. Such determination shall be based on a comprehensive assessment (CA) and is to include documentation of the participant's need to receive supportive services in order to participate in the training.

(4) Approval of supportive services shall be justified in the Participant's Individual Employment Plan (IEP) or Individual Service Strategy (ISS). As a prerequisite for applying for supportive services under WIA, other related resources in the area (including the One-Stop partners) must first be explored. **Participants shall secure documentation of denial from all other available community resources the applicant was referred to by the career facilitator.** Such efforts shall be documented in the participant's file. To prevent the duplication of costs and efforts, participants first must exhaust all related available services before WIA services will be authorized.

(5) The need for supportive services and all supporting documentation shall be maintained in the participant's file.

(6) Career Facilitators shall periodically review the need for, and the receipt of, supportive services. Changes in supportive service needs are to be reflected in the assessment and IEP/ISS and noted in the counseling record as appropriate. Sound case management and timely participant follow-up are essential to ensuring completion of activities, and in meeting IEP/ISS goals and objectives.

(7) Prior approval for payment of supportive services is required. Authorization of supportive service payments shall be made via the WIA PARTICIPANT REQUEST FOR SUPPORTIVE SERVICES and approved by the COWIC or its designee. To request approval of supportive service payments for groups of participants, the board may also use or modify the SUPPORTIVE SERVICES REQUEST AND APPROVAL form or develop similar authorization forms.

(8) A new PARTICIPANT REQUEST FOR SUPPORTIVE SERVICES is necessary when there are changes in payment amounts or duration.

(9) Provision of paid WIA supportive services shall be limited to the overall time participation limitation established in the local area plan or local board policy. The Central Ohio Workforce Investment Board has established 104 weeks as the time limit for the provision of supportive services to participants. If additional time is required to complete the IEP/ISS, a waiver request must be submitted to the COWIC for participants that will exceed the 104 week time limitation. The COWIC's president may under certain conditions grant exceptions to the time limitations in consideration of extenuating circumstances or if the participant's approved training program exceeds 104 weeks. The waiver request will allow participants to continue to receive the necessary supportive services. The waiver request must be submitted in writing to the COWIB and approved sixty days prior to the actual extension date. The waiver request must include:

- (a) A description of the circumstances justifying the request;
- (b) The certificate/degree/training plan pursued and the courses completed to date;
- (c) A copy of grades and or transcripts;
- (d) The start date of the 104 weeks and
- (e) The anticipated end date.

All documentation justifying waivers shall be maintained in the participant's file and made available for periodic monitoring/evaluation by the COWIC.

(10) Service Providers are responsible for tracking participant attendance, time keeping and related duties. Educational/training institutions receiving ITAs must perform time keeping, participant activity tracking and related duties. For OJT employers, the reimbursement negotiated in each contract includes time keeping, reporting and other related duties as outlined in the OJT contract.

X. Payments

- a. The WIA service provider may be reimbursed for supportive service payments and invoices upon compliance with the following requirements.
 1. The WIA service provider must ensure that WIA participants are enrolled and actively participating in any allowable WIA activities for which support payments have been approved.
 2. The WIA service provider must arrange coordination with other human service agencies to eliminate duplication of services and all documentation must be completed prior to utilizing WIA funds. (See Workforce Investment Act Participant Request for Supportive Services Form)
 3. WIA service provider must provide proper documentation of any supportive service payments to be submitted to the COWIC.
 4. The WIA participant must meet attendance requirements of the WIA program. The WIA service provider will maintain participant's time sheets documenting daily attendance.

b. Reimbursement for supportive service payments and invoices will be made monthly to WIA service providers as per contract requirements.

**Workforce Investment Act
Participant Request for Supportive Services**

Name: _____

SSN: _____

Please answer the following questions fully. Write clearly in blue or black ink so your responses can be read easily.

What service(s) is/are needed and for how long?

Why is it needed?

What agencies have you asked to help you with this need?

What were the outcomes of those requests? (Attach written response from agency)

=====

I understand that Workforce Investment Act funds for supportive services have certain limitations and exclusions and all requests no matter how legitimate the need may be, may not be granted. If I am not satisfied with the decision regarding this request, I have the right to file a written request for review within ten days of receiving a response. (Address to President, Central Ohio Workforce Investment Corporation, 37 North High Street, Columbus, Ohio 43054)

Signature: _____

Date: _____

WIA Participant

TO BE COMPLETED BY WIA SERVICE PROVIDER

() Request received. Further research indicated. Date: _____

() Referred to: _____ Date: _____

() WIA Supportive Services Approved for _____ Date: _____

() WIA Supportive Services Disapproved for _____ Date: _____

() WIA funds not available for support services at this time. Date: _____

Signature: _____

Workforce Investment Act Service Provider

Name of Individual Referred For Assistance: _____

WORKFORCE INVESTMENT ACT

Agency Referral For Supportive Services Assistance

Name of Agency Requesting _____

Assistance From: _____

Type of Service Requested:

- Childcare
- Transportation
- Other Services (Please Specify)

Name of Agency Representative/Caseworker: _____
Telephone Number () _____ Ext. _____
(including extension):

Date of Appointment/Visit: _____

Time of Appointment/Visit: _____AM _____PM

OUTCOME/COMMENTS/NOTES (Please provide documentation in the space provided or attach documentation as to your agency's ability to provide the above requested supportive services)

Agency Representative:

Name: _____

Signature _____

Date _____

SUPPORTIVE SERVICES VOUCHER

I. **Voucher #:** _____

II. **Date Prepared:** TO: _____ Vendor

This is to certify that _____ SSN: _____
(WIA Participant's Name)

is approved for a voucher to participate in the Workforce Investment Act program in accordance with participant's WIA employment plan. All other resources and appropriate agencies have been contacted and it has been determined that they are not able to provide assistance to the participant at this time. Please provide the following services:

- Transportation Service or Mileage Reimbursement

- Transportation Expenses (one-time service only- e.g. registration, insurance, car repair, etc., attach documentation)

- Child Care and/or Dependent Care (attach related documentation)

- Housing or Rental Assistance (one time assistance only-attach documentation e.g. eviction notices, bills, etc).

- Emergency or short-term assistance (one time assistance only – attach documentation e.g. utility bill, etc.)

- Clothing and/or supplies as required for work
Please explain or specify:

Other services

Please explain or specify: _____

Period covered from: _____ to _____

APPROVED FOR PAYMENT: _____ Date: _____

(Authorized WIA Service Provider Signatory Official)

WIA Service Provider Address: _____

WIA Service Provider Telephone: _____

III. Service Received by: _____

(Participant Signature)

IV. REDEMPTION OF WIA VOUCHER FOR SERVICES

Note: This part must be completed by the Vendor rendering services. Please complete and return this voucher to the below address with sufficient documentation (i.e. receipts, invoices, etc.) To support the reimbursement of costs incurred.

Service Provided by: _____

Vendor Address/Telephone #: _____

Invoiced Amount: \$ _____

Description of Services Rendered: _____

List all eligible/authorized cost _____

Items, i.e. tuition, books, Work _____

Experience wages, OJT _____

Reimbursement, other _____

Supportive Service Costs: _____

Central Ohio Workforce Investment Corporation
1111 East Broad Street
Columbus, Ohio 43205
614-559-5059 (voice)
614-559-6084 (fax)
WIBoffice@cowic.org

An Equal Opportunity/Affirmative Action Employer

**CENTRAL OHIO WORKFORCE INVESTMENT BOARD
TRAVEL APPLICATION FOR MILEAGE REIMBURSEMENT**

Training Component: _____ Total Contract Period: _____ to _____

Date: _____ Name: _____ SSN: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Program: _____

=====

Justification	for	Mileage	Reimbursement:
---------------	-----	---------	----------------

Projection of Cost:

Dates of Training Mileage Paid: From _____ to _____ = _____ Total Training Days

Total Miles Per Day of Training Attendance Allowed: _____

_____ Miles Per Day @ \$_____ Per Mile = \$_____ *Maximum Daily Amount Payable

Total Training Days _____ X Miles/Day _____ X \$_____ Per Mile = \$_____ Total Contract Amount Payable

*Daily amount not to exceed maximum daily amount payable.

=====

"I understand mileage reimbursement will be paid only after the travel has occurred. Payment will be monitored by time sheet attendance and be paid according to specifications and limitations of above stated information."

Participant Signature Date Career Planner Signature Date

=====

Travel is: _____ Approved _____ Disapproved If disapproved, reason: _____

Supervisor Signature: _____ Date: _____