

 <p>A proud partner of the  network</p>		POLICY # 10
Title:	Support Services / Needs Related Payments	
Program:	Workforce Innovation and Opportunity Act	
Effective:	July 1, 2023	
Revision #:	9	Original policy date: April 24, 2015

Purpose: To identify support services for adult and dislocated worker and youth customers participating in Workforce Innovation and Opportunity Act activities.

References: WIOA Sections 3, 129, 134, 171; 20 CFR 680.900, 680.910 - 680.970, 681.570, 688.120; WorkForce WV WIOA Guidance Notice 10-16, TEGL 19-16

Background: The Workforce Innovation and Opportunity Act authorizes Workforce Development Boards to provide support services to individuals participating in WIOA funded programs. Support services are designed to assist eligible program participants with services necessary to enable an individual to participate in activities authorized under WIOA Title I. While the act authorizes these services, it does not require that they are provided through WIOA funds.

Policy: It is the policy of the Workforce Development Board Mid-Ohio Valley, in coordination with the One Stop partners, to provide support services to eligible individuals participating in approved Individual Career services, or Training activities. WIOA funds will be obligated for the program year in which the request is approved.

SUPPORT SERVICES: To be eligible for supportive services, a participant must have been determined WIOA eligible and:

- Participating in career and or training services. Limited supportive services may be provided to eligible applicants (ex. paying for a birth certificate) before they are enrolled as participants to permit participation in assessment activities; and
- Are unable to obtain supportive services through other programs providing such services. Participants may qualify for:

The WDBMOV will follow the priority of service levels that are currently in place when approving support service requests. Participants must verify they are not receiving nor eligible to receive assistance from any other organization. Participants must submit original receipts for reimbursement

Support services will only be provided by the WDBMOV if funds are available.

Transportation: \$1000.00-ITA/ATA and \$150-OJT/TJ

Accommodation Expenses: \$1000.00

Child/Dependent Care: \$1000.00

Work Related Expenses: \$500.00

Training Related Expenses: \$1000.00

- **Transportation:** If it is determined that transportation supportive services are needed, assistance will be provided in the form of mileage reimbursement to WIOA customers who are: enrolled in training (OJT, ITA, etc.) For the employment of WIOA Adults and/or Dislocated Workers. Youth program assistance will be provided in the form of mileage reimbursement or staff use of rental vehicles to transport youth participants to work, training events or other activities related to training and/or career services due to the transportation barriers that our youth participants encounter. This is also based on availability of funds.
- **Accommodation Expenses:** Defined as temporary lodging (hotel/motel) services that are necessary to enable an individual to participate in training activities under WIOA Section 3 (59); Section 134(d)(2) and 20CFR 680.330, -.900, -.910 and -.920. The training facility must be located more than 150 miles from the participant's residence in order to qualify for non-commuting lodging assistance.
- **Child/Dependent Care:** WIOA funds may be used to pay child/dependent care fees if the WIOA participant's family income is at or below the WDB-MOV Adult priority of service level. Child/dependent care payments will be reimbursed to participants based on DHHR approved reimbursement rates. Only participants in Work Experience, an ITA or an OJT or Youth participants attending Adult Education are eligible to receive child/dependent care assistance. *Reimbursement will not be approved for care provided by a member of the immediate family.*
- **Work Related Expenses:** WIOA customers (Adult/DW/Youth) receiving Individual Career services, may be aided in purchasing clothing, tools, protective gear, certifications, licenses, and other needs in order to become employed. Verification of the need must be documented in the customer's file, and the original receipt submitted for payment.
- **Training Related Expenses:** WIOA participants enrolled in an ITA/ATA may be eligible for supportive services to assist with the purchase of books, fees and supplies as needed to participate in their training activity as a supportive service when the expense is not billed by the training provider. The training program must relate to the participant's enrollment goal, be documented in the IEP/ISS and be verified by the case manager.
- **Training or Work Related**
 - **Clothing and Uniforms-** Professional, work-appropriate or interview clothing, uniforms and shoes may be purchased for enrolled WIOA program participants.
 - **Tools and Safety Equipment-** Work appropriate tools and necessary safety equipment may be purchased as needed for enrolled WIOA participants to obtain and/or retain employment or participate in training. Tool and safety equipment purchases related to the participant's occupational goal are allowed providing the training provider or employer submits a list of specific tools or equipment required. The list should include costs and must indicate the tools/equipment are a requirement for training or employment. Tools and safety equipment purchased during the training phase of a participant's program shall not be duplicated during the participant's employment phase.

Attachment A indicates requirements for eligibility.

Attachment B provides reimbursement procedures for transportation support services.

A participant's failure to respond to requests for information and contact may result in cancellation of any funding obligations on the part of the WDB.

Action: American Job Centers in Region 4 will make eligible customers aware of support services available to assist them in making an informed decision about employment and training options.

A support services request, Attachment C, will be provided to the Career Specialists, who will forward it to the WDB-MOV for approval. The WDB-MOV will track funds obligated, and payments will be distributed from the WDB-MOV.

Questions should be directed to the participant's Career Specialist and / or the WDB-MOV office.

Expiration Date: This policy shall remain in effect until revised or canceled by the Workforce Development Board Mid-Ohio Valley.

Attachment A**Support Services****General Provisions:**

1. All Participants will submit a support service request to career specialists indicating the amount requested for the training and/or work experience period.
2. ITA participants must maintain a minimum of a "C" average and will be documented in the TPU submitted at the end of each term.
3. OJT & TW participants must maintain satisfactory progress as determined by the employer, documented in the progress report.
4. Youth in Adult Education must show progress, documented on the Bi-Weekly Attendance report.
5. Eligibility for support services will be documented by the service(s) provided in MACC.
6. Address Verification will be documented in MACC
7. Payments will be mailed to participants.
8. If it is discovered that a participant knowingly submits fraudulent information to obtain support service, he/she will be subject to legal action.

Transportation Guidelines:

1. The participant will be reimbursed mileage to and from training/ job site with a maximum mileage allowance per week of \$50.00
2. The distance required for training is determined upon initial contract approval, based on Mapquest.
3. The standard WV State travel rate is used (.655 currently) and is set by the Governor's office. (It is reviewed for change in January and July of each year)
4. The maximum per program year is \$1000 for participants

Guidelines for those in ITA's or Registered Apprenticeships or Adult Education:

1. Participant will need to submit required forms bi-monthly to their Career Specialist for reimbursement.

Guidelines for those in OJT's/TJ:

1. Participant may submit time sheets up to the first 3 weeks of OJT/TJ for mileage reimbursement, not to exceed \$50.00 per week.

Work Related Expenses Guidelines:

1. The maximum of \$500.00 per participant will be allowed.
2. Participant will need to purchase items and submit original receipts with date for reimbursement according to the reimbursement procedures established under the ITA policy.



Attachment A

Student Reimbursement Procedure

Effective July 1, 2020 the following procedure will be in place for student reimbursements.

- 1) The WDB-MOV will only accept original receipts when purchased from a store. If purchasing through Amazon, etc, then we need an actual receipt, not an order. It must show where payment has been made.
- 2) These receipts must be complete and show the date of purchase on them. If any of their personal information is on receipt, it can be blacked out.
- 3) If the receipt is not clear as to what was purchased, they need to include the UPC tag from the item purchased and a statement that says what the receipt is for. (Example: if receipt says "Footwear" and steel-toed shoes are the requirement, then we would need the UPC from the box).
- 4) The receipt must include the documentation from the school that says it is required. If it is books, there must be a syllabus attached from their instructor. The syllabus instructor must match the instructor listed on their schedule. Students are also required to submit their current schedule along with the course syllabus for each course.
- 5) As in the past, we will not pay for any undergarment items or general supplies, such as pens/pencils, folders, etc.
- 6) Any receipts that are dated prior to their WIOA registration date will not be paid.
- 7) Receipts and supporting documentation must be sent no later than 30 days from the date of purchase. Receipts submitted for books/supplies purchased prior to the start of a new term will be held until classes begin and the course syllabus is received. The syllabus must be submitted no later than one week after the class has begun.
- 8) Whenever possible, all receipts should be submitted at the same time so that multiple checks are not being created.
- 9) If receipts are submitted without the required documentation as described above, the reimbursement may be denied.

The WDB-MOV reserves the right to amend this procedure at will.

Client Signature _____

Date ____/____/____

Career Specialist Signature _____

Date ____/____/____

Attachment B**Transportation Support Service Reimbursement Procedures**

The Transportation support services are based on projected funding availability. This is not a guarantee that participants will receive this support service throughout the entire length of training. This information is general guidance only.

Participant Info:

- The participant will need to complete required forms after beginning the training.
- The forms will cover two weeks of training.
- Those forms will be submitted to case management staff for reimbursement.
- Reimbursement will be mailed to participant to the address on the mileage reimbursement form.
- Participants will have 45 days from date of check to cash mileage check. If it is not cashed within that time frame or it is lost/stolen/thrown away, a stop payment will be placed, and it will not be re-issued.
- The participant is responsible for contacting their career specialist in a timely manner if they did not receive their check.
- Requests that are less than \$20.00 will not be processed until the mileage reimbursement amount is greater than \$20.00.

Career Specialist Staff:

- Will determine eligibility and need of support service
- Career Specialist will submit Supportive service request to WDB staff for approval.
- Career Specialist will confirm that ITA/OJT has been approved by the WDB staff before submitting request.
- Eligibility, need and unable to obtain these services from another organization will be documented in MACC.
- Address will be verified by Career Specialist.

Reimbursement process:

- Career Specialist will receive completed forms from participant and will document in MACC.
- Career Specialist will then forward reimbursement claim to WDB for processing.

Mid-Terms – Participant must provide documentation of mid-term grades / status to Career Specialist within 2 weeks of release of grades. *Note: participants need to submit grades/ improvement plan within 2 weeks of issue to qualify for continuation of transportation support service.*

If grades are C or above, Career Specialist should send an e-mail to WDB notifying of receipt of grades and adequate progress. If grade is D or F, an improvement plan is to be developed with customer. Plan may include tutoring, work with Learning Center, etc. Career Specialist should submit improvement plan along with grade info by e-mail to WDBMOV.

End of Term- Participant must provide documentation of term grades / status to Career Specialist within 2 weeks of release of grades. *Note: participants need to submit grades/ improvement plan within 2 weeks of issue to qualify for continuation of transportation support service.*

If grades are C or above, Career Specialist should send an e-mail to WDB notifying of receipt of grades and adequate progress. If grade is D or F, an improvement plan is to be developed with customer. Plan may include tutoring, work with Learning Center, etc. Career Specialist should submit improvement plan along with grade info by e-mail to WDBMOV.

A participant may receive up to \$1000 per program year during training.

All payments will be mailed to the address listed on the mileage request form. If a payment is not received by participant, a replacement will NOT be issued.

REQUEST FOR PAYMENT TO PARTICIPANT

Participant Name: _____ MACC ID# _____

Address where check is to be mailed: _____

City, State, Zip Code _____

☐ ADULT ☐ DISLOCATED WORKER ☐ YOUTH

- ☐ Training Facility/Employer has completed and signed the bi-weekly attendance report
- ☐ Participant has signed the bi-weekly attendance report
- ☐ Attached bi-weekly attendance report to this request

Number of eligible days for reimbursement for pay period: _____

Total mileage for pay period: _____

Total amount requested for this pay period: _____

☐ ITA Date WDB approved: _____ Training Provider: _____

☐ OJT/TJ Date WDB approved: _____ Employer: _____

☐ Other _____ Date WDB approved: _____

WIOA Career Specialist Signature: _____ Date: _____

WDB Representative Signature: _____ Date: _____

Submit to: Workforce Development Board Mid-Ohio Valley
600 18th Street Box #3
Parkersburg WV 26101
Attn: Robin Sterling
Scan/email: rsterling@wdbmov.com

*Note: Requests for less than \$20.00 will be held until other requests come in.

Bi-Weekly Attendance Report

Participant Name: _____ Address: _____

City: _____ State _____ Zip _____ Report Period: From: _____ to _____

MACC ID#: _____ # Miles from home to training site: _____

COURSE ATTENDANCE (in-seat courses): (To be completed by training facility faculty/trainer for each course):

1. Has this participant made satisfactory progress during: **Week 1?** Yes ☐ No ☐ **Week 2?** Yes ☐ No ☐
If no, which course(s) _____

2. Has the participant dropped out of course? Yes ☐ No ☐
If yes, which course(s) _____

3. Has the participant completed course? Yes ☐ No ☐
If yes, which course(s) _____

4. Attendance Record – enter **P** for day present **N** for days no training scheduled or conducted
H for Holidays **E** for days excused **U** for unexcused absence

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Mileage to and from training facility	Faculty/Trainer Name and Signature
Week 1									
Course:									
Course:									
Course:									
Course:									
Course:									
Week 2									
Course:									
Course:									
Course:									
Course:									
Course:									

Participant Attestation: I affirm that the information contained on this form and, if applicable the attached document(s), is true and correct.

Participant Signature _____ Date _____

WIOA Career Specialist: I have reviewed and approved this form.

WIOA Career Specialist Signature _____ Date _____

Attachment C

Customer Name: _____

MACC ID # _____ PL _____

In the space below, please provide a brief description of the support service you are seeking to assist you to overcome the barrier to training/employment. If applicable, please include an estimated dollar amount associated with the request:

Support Requested: ☐ Work-Related ☐ Training-Related ☐ Transportation SSP

\$ Amount Needed: _____ (provide backup documentation for the amount needed)

☐ ADULT ☐ DISLOCATED WORKER ☐ YOUTH

Region 4			
Partner-Resource Agency	Contact Information	Services	Services Received-Denied-Contact Name
<u>Catholic Charities</u>	Regional-Parkersburg: (304) 422-6116	-Utilities and rent assistance -Termination and Eviction	
<u>DHHR</u>	Calhoun: (304)354-6118 Clay: (304) 746-2360 Jackson: (304) 373-2560 Mason: (304) 675-0880 Pleasants: (304) 684-9244 Ritchie: (304) 643-2934 Roane: (304) 927-0956 Wirt: (304) 275-6551 Wood: (304) 420-2560	-WV Works- monthly cash assistance to eligible families -(SNAP/Medicaid) -LIEP- Winter heating utility assistance	
<u>CRI, Inc.</u>	Calhoun: (304) 354-9265 Jackson: (304) 373-0313 Pleasants: (304) 482-8153 Ritchie: (304) 643-2332 Roane: (304) 927-4632 Wirt: (304) 485-5525 Wood: (304) 485-5525	-Emergency Financial Assistance for utilities -Transportation -Evictions Mortgage/Rent Assistance -Food pantry	
<u>Southwestern Community Action, Inc.</u>	Mason: (304) 675-8888	-Emergency Financial Assistance for utilities - Transportation -Evictions - Food Pantry	
<u>EnAct Community Action</u>	Clay: (304) 414-4475	-Emergency Financial Assistance for utilities - Transportation -Evictions -Food Pantry	
<u>Salvation Army</u>	Regional-Parkersburg: (304) 485-4529	-Emergency Financial Assistance for utilities -Food pantry Eviction Assistance	
<u>United Way</u>	Parkersburg: (304) 580-0570 (covers entire region)	-WV Works -LIEP -Emergency Assistance	
<u>WV 211</u>	Dial 211 or visit WV211.org Text your zip code to 898-211	Food, health, housing, substance abuse, crisis, basic needs, etc.	

_____, I attest that contact was made to the resources provided above to request assistance/support for the indicated barrier(s). It was determined there is not funding assistance through the provided resources to address the barrier(s) hindering my participation in a WIOA training service (s). I understand that my request for support service(s) provided by the Mid-Ohio Valley Workforce Development Board will be reviewed resulting in full funding, partial funding, or no funding of my request. I acknowledge the Mid-Ohio Valley Workforce Development Board may reduce or suspend support service funding at their discretion.

Customer Name: _____

Date: _____

Career Specialist: _____

Date: _____