

West Central Region 4

WIA Adult/Dislocated Worker/Youth

Supportive Service Policy

Supportive Services will be provided to individuals enrolled in the Adult/Dislocated Worker programs where such payments are necessary to enable the individual to participate in core, intensive, training and follow-up services under the Workforce Investment Act (WIA) and when individuals are unable to obtain supportive services through other programs providing such services. Support services are also available to WIA Youth Program participants as described in this document. Documentation supporting the individual's need is to be based on results of the Initial Assessment, Individual Service Strategy (ISS), Financial Needs Analysis in Toolbox 2, Needs-Based Analysis form, and ongoing case management updates to the ISS and Service Notes. Supportive Services will be provided only when other resources for provision of required services cannot be procured. Supportive services will be limited based on customer need and funding availability. A maximum cost per participant will be \$1000 per program funding year. Staff will document in Toolbox 2 case notes all attempts to identify other community resources.

The latest version of WDB/Supportive Service (Currently dated 2/15/13) form must be completed by Case Manager prior to any given supportive service being issued. All required documentation (time sheets, receipts, mileage printout, etc.) must be attached to this form with the required signatures and placed in individual's hard copy file.

Transportation allowance/mileage reimbursement must comply with the following:

- Transportation allowance/mileage reimbursement is only allowed for days of attended participation (individual participation documentation must accompany supportive service request).
- A \$0.25 per mile is allowed for customers traveling to WIA or other Youth Program required activities.
- Mileage will be determined using Map Quest or other standardized programs beginning at a distance of 1 mile and up to 100 miles (one way) from participant home address to required activity location;
- A Financial Needs Analysis in Toolbox 2 and Needs-Based Analysis form must be completed to determine continued need on a bi-weekly basis.

If it is determined that there is an immediate need and the customer must have assistance before they travel to work, school, or an approved workshop or activity; special consideration will be given to assist the customer. The program operator must get prior approval from the Workforce Development Board Director or authorized staff before such assistance is given.

Maximum allowable Child/Dependent care payments: \$12.00/day not to exceed \$60.00/week per individual. A maximum of three individuals is allowed; not to exceed \$36.00/day or \$180.00/week. Child/Dependent care is allowed for days of attended participation in WIA or other Youth Program required activities only. Child/Dependent care is intended for children under the age of 12 and adults over the age of 65 or individuals who have disabling conditions that require care. The customer must apply for state funded assistance before request for Child/Dependent care will be granted (copy of State Funded denial or acceptance letter must accompany WDB/Supportive Service form). Once the case

manager has determined there are no other child care services available, WIA may assist with Child/Dependent care costs (this includes 100% of the cost up to the approved limits noted). If the individual is approved for state funded assistance but is responsible for co-pay, WIA may assist with the co-pay, if necessary, up to the approved limits noted. All individuals approved for Child/Dependent care assistance must sign the Childcare Release form for any and all childcare providers. Childcare providers must complete a W-9 before any payments will be made. All payments for child/dependent care will be made directly to the provider. All charges must be submitted on the Childcare Invoice. WIA will not assist with child/dependent care costs if the chosen provider resides with the participant.

Where supportive services are not provided by the employer or other local resources, and as funds permit, other limited financial assistance will be paid on any participant's behalf for emergency situation(s) that would prohibit their participation or program completion. These may include, but are not limited to:

- ❖ Vehicle repair required enabling a means of transportation for the participation in training. Vehicle repairs will only be provided on vehicles owned by the participant or immediate family member of the participant. The vehicle must be the primary vehicle used by the participant to take part in the allowable WIA activities. The participant must provide appropriate documentation for proof of ownership and current insurance documentation and justification must be entered into service notes in Toolbox 2 by the case manager. All invoices must be approved by the Workforce Development Board Director or authorized staff. If the cost of the vehicle repair exceeds \$100, the individual must provide at least two additional estimates before the service or payment is made. Any and all estimate documentation must be kept in the participant's hard copy file.
- ❖ Interview/work clothing assistance. Assistance with the purchase of uniforms or other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye gear.
- ❖ Temporary shelter, housing assistance or emergency utility needs.
- ❖ Meals away from home for the participation in WIA youth program activities.
- ❖ Limited medical assistance and medical examinations including dental, where required.
- ❖ Testing and fees for nationally-recognized certification(s).

The program operator must get prior approval from the Workforce Development Board Director or authorized staff on all above items with the exception of testing and certification fees for AEL/GED services. Supportive services may also include special services and materials for individuals with disabilities if such services are not provided by outside resources. Other reasonable expenses required for participation in training may also be considered. All payments to the individuals, or on behalf of the individual, must be submitted on the latest version of the WDB/Supportive Service (currently dated 02/15/13). The form must be signed, dated and have appropriate documentation attached.

Additional Supportive Services, as defined in WIA section 101(46), may include linkages to community services.

Youth Only

Incentive payments for WIA participants actively engaged with the Scholars @ Work Program will be awarded as follows:

- ❖ Incentive payment for raising 1 EFL (Educational Functional Level) per each subject matter tested (Math, Reading, Language) up to and including Level 13+ in Toolbox 2 - \$50 each
 - Verification to be included with incentive payment:
 - TABE Score Sheet
 - Scores Entered into Toolbox 2
- ❖ Incentive payment for first time attainment of unsubsidized employment - \$50
 - Verification to be included with incentive payment:
 - Employment Verification
 - Exit Snapshot completed in Toolbox 2
- ❖ Incentive payment for obtainment of GED - \$200
 - Verification to be included with incentive payment:
 - Copy of GED Certificate
 - Exit Snapshot completed in Toolbox 2
- ❖ Incentive payment for workshop attendance - \$15 (Maximum of 3 payments per program year)
 - Verification to be included with incentive payment:
 - Copy of Workshop Certificate and/or signed attendance sheet
 - Workshop Documented in Toolbox 2

Incentive payments for non Scholars @ Work WIA Participants are as follows:

- ❖ Incentive payment for taking the POST-TABE test and raising an EFL level in one area. (one time only incentive) - \$100
 - Verification to be included with incentive payment:
 - TABE Score Sheet
 - Scores entered into Toolbox 2

Program Operator must approve all incentive items. All payments to the individuals, or on behalf of the individual, must be submitted on the latest version of WIA/YOUTH Incentive Payments form (currently dated 7/31/12), signed, dated and with appropriate documentation.

****If a participant has received services from another region, the participant will be considered a "new participant" in the West Central Region in terms of supportive services and treated as such.**

Case history service notes justifying supportive service payment(s) will be placed in Toolbox 2 for each individual customer and service.

Missouri Career Center
Workforce Development Board of Western Missouri, Inc.

Youth/Adult/Dislocated Worker Supportive Services

INDIVIDUAL MUST BE ACTIVE IN WIA TITLE I SERVICES AND UNABLE TO OBTAIN THE NEEDED SUPPORTIVE SERVICES THROUGH OTHER SOURCES THAT PROVIDE SUCH SERVICES. THE PARTICIPANT'S FILE MUST CONTAIN DOCUMENTATION TO ENSURE CRITERIA IS MET.

Participant's Name	APPID #		
____ Core ____ Intensive ____ Training (Check level of activity that Support will be paid)	Initial Eligibility Determination Amounts	* Change In Amounts	* Change In Amounts
NEEDS BASED PAYMENT – ADULT AND DISLOCATED WORKERS ONLY (Daily amount of \$10.00/day or weekly amount of \$50.00 computed and based on daily attendance)	Date to Begin	Date to Begin	Date to Begin
Amount of Needs Based Payment (See criteria on reverse side.)	\$ _____	\$ _____	\$ _____
SUPPORT SERVICES (TITLE 1 ADULTS, YOUTH, AND DISLOCATED WORKERS) Transportation (Only allowed for days of attended participation.) Rate of .25 per mile beginning at a distance of 1 mile and up to 100 miles one way from home address to activity location. Total mileage round trip: _____	\$ _____	\$ _____	\$ _____
Child/Dependent Care (Only allowed for days of attended participation and if no other subsidized care is available.) (For children under age 12 and adults over age 65 or individuals who have disabling conditions that require care.) Rate of \$12.00/day not to exceed \$60.00/week per individual. *A maximum of three individuals is allowed; not to exceed \$36.00/day or \$180.00/week for a maximum of three individuals.	\$ _____	\$ _____	\$ _____
Job/Training Related Expenses (See below) Determined on an individual basis as it relates to job/training related expenses. ____ Uniform ____ Shoes, boots ____ Temporary shelter ____ Vehicle Repair ____ Meals away from home (WDB Prior Approval Needed) ____ Other, define and be specific: _____ _____ _____	\$ _____	\$ _____	\$ _____
Housing Must be pre-approved by authorized WDB staff. Normally will be limited to one-time payment.	\$ _____	\$ _____	\$ _____

Participant Signature

Program Operator Signature

Date

Date

*If change in the amounts occur, explain: _____

WDB APPROVAL SIGNATURE IF APPLICABLE: _____

DATE: _____

**Missouri Career Center
Workforce Development Board of Western Missouri, Inc.**

Adult/Dislocated Worker Needs Based Payments

Needs Based Payment Criteria WIA Title I Adult/Dislocated Worker

WIA Title I Adult and Dislocated Worker Needs Based Payment determination will be based on eligibility documentation as follows:

1. Documented Current Public Assistance Recipient (General Assistance, Refugee Assistance, Supplemental Security Income, and/or TANF) **or**;
2. Documented Current Food Stamp Recipient, **or**;
3. Documented Current Income Eligible

If eligibility is determined by (1) or (2) above, the Needs Based Payments will be the maximum amount available. If eligibility is determined by (3) above, the following formula must be used to determine the Needs Based Payments:

Using either **HHS** or **LLSIL** guideline for income (as used to determine initial eligibility), determine what percentage of that income is of the total and equate the total to the percentage and dollar figure indicated for Needs Based Payments.

Percentage		Maximum Needs Based Payment
100% - 90%	=	\$35.00
89% - 80%	=	\$40.00
79% - 70%	=	\$45.00
69% and under	=	\$50.00

Example: Family of 3 with income of \$9,338 for eligibility, \$19,090 income guideline for eligibility on HHS.
\$9,338 divided by \$19,090 = 49% = eligible for \$50.00 per week.
Supportive Services and Needs Based Payments based on daily attendance.

Maximum Weekly Needs Based Payments

Participant Needs Based Payments will range up to \$250.00 weekly. Under no circumstances will the WIA Adult or Dislocated Worker participant Needs Based Payments exceed \$250.00 weekly without prior approval of the Workforce Development Board, including one-time training-related payments. Needs Based Payments are based on availability of funds.

Needs-Based Analysis

Participant Name: _____ APPID #: _____

1. Are you currently on a job assignment? Where and what capacity?

2. Have you SUCCESSFULLY completed a job assignment and are receiving other services through the Workforce Investment Act?

3. What needs do you have and can those needs be met through another source? (Complete Financial Needs tab in Toolbox)

Participant Signature: _____

Staff Signature: _____

Date completed: _____