

TULARE COUNTY WORKFORCE INVESTMENT BOARD, INC. WORKFORCE INVESTMENT ACT TITLE I-B ACTIVITIES	DATE: July 16, 2002
	SUBJECT: WIA Title I-B Adult and Dislocated Worker Supportive Services Guidelines

TCWIB DIRECTIVE

TCWIBD-01-16

TO: TCWIB Service Providers and TCWID Staff

SUBJECT: WIA I-B ADULT AND DISLOCATED WORKER SUPPORTIVE SERVICES

Purpose:

The purpose of this policy is to set local guidelines for supportive service reimbursements for clients of the Tulare County Workforce Investment Department (TCWID) who require such payments in order to participate in WIA funded services. TCWIB Service Providers will follow their current supportive service policy.

Definition:

Supportive services include, but are not limited to: transportation, child care, dependent care, housing, and needs-related payments necessary to enable an individual to participate in activities authorized under WIA Title IB

Effective Date:

This directive is effective July 10, 2002.

REFERENCES:

- WIA Section 101 (46)
- WIA Section 134 (e)(2) and (3)
- WIA Section 134 (d)(2)(H)
- WIA Section 134 (e)(2)(A) and (B)
- 20 CFR Part 652 et al. Subpart H, Section 663.800 through Section 663.840

TULARE COUNTY WORKFORCE INVESTMENT BOARD, INC. (TCWIB) – IMPOSED REQUIREMENTS:

This directive consists of TCWIB-imposed requirements.

FILING INSTRUCTIONS:

Retain this directive until further notice.

Background:

The Workforce Investment Act, Section 134 (e)(2) provides that funds allocated to a local area for adults and dislocated workers may be used to provide (reasonable and necessary) supportive services for those **otherwise unable to obtain such services**.

Policy:

The TCWID Administrator or designee is provided authority to determine both the appropriate amount and duration of supportive services. Please note that these guidelines are considered flexible and decisions regarding the provision of services are based upon available funding and determined by need on a case-by-case basis to serve the needs of the participants. Supportive services provided to TCWIB participants through a Service Provider shall be governed by the Service Provider's policy.

All efforts to secure supportive services from other sources must be first exhausted by the participant and case manager and documented in the participant file before expending WIA funds. The need for Supportive Services must be considered when developing the Individual Employment Plan (IEP)/Individual Service Strategy (ISS). Therefore, a thorough understanding of the resources and services available from other agencies is pivotal in providing services with

WIA funds. All supportive services must be approved/initialed by a supervisor or manager on the participant card (TCWID-65, **Attachment A**). The Client Self-Certification Supportive Services form (TCWID-124, **Attachment B**) and TCWID Budget form (TCWID-117, **Attachment C**) must be completed and reviewed for each participant who receives WIA funded support services. These documents will aid in the determination of need for supportive services.

Supportive services available through the TCWID include transportation, childcare and ancillary work related items (uniforms, tools, etc.). Elder care, housing, and needs-related payments are not authorized activities in the local area.

Transportation/Mileage Guidelines:

This directive describes the guidelines to be followed when determining transportation reimbursement for TCWID participants enrolled in the WIA Occupational Skills Training activity. It must be determined and documented in a participant's individual service strategy that the participant demonstrates a need for transportation reimbursement and that there are no other available resources to meet that need.

1. Supervisors or designee must initial approval on the participant card (TCWID - 65).
2. Mileage will be paid at the rate of 31 cents per mile.
3. When a participant does not have access to a vehicle, bus tokens will be provided to client in need of transportation assistance.
4. Mileage will not be paid to participants that live within 20 miles round-trip of their training site. Participants living more than 20 miles round-trip from the training site may be reimbursed for the portion of their round-trip exceeding 20 miles.
5. If similar courses are offered in multiple locations, mileage will only be paid for the round-trip distance to the nearest school. Example: A client lives in Porterville, CA and is enrolled in National Training Institute in Fresno, CA to become certified in a computer course. A similar course is offered at Computer Gym in Visalia, CA. The client will be paid mileage from his/her home in Porterville to Computer Gym in Visalia. The mileage paid is also subject to the guideline listed in number four above.
6. The Workforce Development Specialist will determine a participant's round-trip mileage to and from a training site by using an Internet tool such as www.msn.expedia.com, www.mapquest.com or www.maps.yahoo.com. Participants will be allowed to self-report mileage if attempts to determine their round-trip mileage by using one of the above-mentioned Internet tools are unsuccessful.
7. Mileage will not be paid to and from childcare sites.
8. Extern/Clinical mileage payments will be delayed one pay period at the beginning of extern training to allow the Workforce Development Specialist time to review the attendance sheets for accuracy and to decrease the potential for fraud. A separate attendance sheet will be required for externship sites. All extern/clinical sites will be compiled by the Workforce Development Supervisors for each school and submitted to the fiscal unit for monitoring purposes.
9. Participants will be allowed one, two-week time period after the initial due date to submit a late timecard for payment.
10. Clients will be directed by the Workforce Development Specialist to wait at least five (5) working days after the mailing date of reimbursement checks to contact their case manager about missing checks. This will usually correspond to the next mailing date for mileage checks.
11. A review panel will be convened by the Workforce Development Supervisors and Workforce Development Specialists to make decisions regarding mileage reimbursement issues that cannot be resolved, to the satisfaction of the participant, by the Workforce Development Specialist. The participant should submit a brief written statement of their concerns regarding mileage reimbursement. The Workforce Development Specialist will inform the participant that the panel will review the issue. Once a decision has been reached, and approved by a supervisor, the Workforce Development Specialist will notify the participant of the Panel's decision.

Childcare:

Childcare reimbursement is designed to allow parents with small children (eleven years old and under) and children with special needs (under the age of eighteen) to gain Occupational Skills Training away from the home while their children are in the care of others. Clients will first seek no cost childcare or childcare funded by Non-WIA funds. If that is not available, the client will be referred to Tulare County Office of Education Resource and Referral. Childcare support services will not exceed the State Regional Market Rates per day per full time child, based on Resource & Referral policy.

Ancillary Work Related Items:

Ancillary work related items may be provided to clients enrolled in TCWID Occupational Skills Training services in limited circumstances. The client should attempt to obtain these services from non-WIA sources, and these attempts should be documented in the case file. The reasonableness of the cost of the item(s) should be documented in the case file.

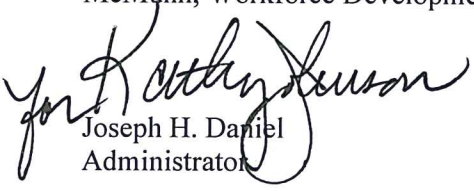
Ancillary expenses include, but are not limited to, books, tools, clothing, background checks, and other costs necessary to attend and/or participate in a training activity not otherwise included in the total cost of the Individual Training Account (ITA).

Ancillary expenses may also include costs directly related to obtaining employment, including expenses directly related to a condition of employment and/or expense for the purpose of interviewing for an employment position. Examples of acceptable services include, but are not limited to:

Licensing fees;
Job-required tools: required by employer as condition of hire
Job-related clearance requirements;
Job-related clothing; and/or
Job-related TB tests.

INQUIRIES:

Please direct inquiries about this directive to Natalie Boudreaux, Workforce Development Senior Analyst or David McMunn, Workforce Development Senior Analyst at (559) 713-5200.


Joseph H. Daniel
Administrator

JD:NB:DM:wb:mb
Attachment(s)

ATTACHMENT A: TCWID-65
ATTACHMENT B TCWID-124
ATTACHMENT C TCWID-117

**WORKFORCE INVESTMENT DEPARTMENT
NOTICE OF PARTICIPATION/REFERRAL
OCCUPATIONAL SKILLS TRAINING**

Participant's Name & Address:		Social Security Number: - -	
		Phone #:	
Mailing Address (If Different):			
		Type(s) of Training:	
Training Dates:			
Entered: _____ Termed: _____		Activity/Provider Number:	
		Program: <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Youth	
No. of Hours/Days (Time) In Training/Week:	Referred to Child Care Program:		Transportation MRT: _____
	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$1.00 Per Day: _____
Name of Eligible Provider:		Name of Certifying Official:	
<p>Certification: The facts shown above are complete to the best of our knowledge and belief. The participant has been advised of payment rights for support services, and hereby agrees to verification of the information shown.</p>			
Signature of Participant:		Signature of Counselor:	
Date:		Date:	

Customer Self-Certification Supportive Services

Participant Name: _____ Application Number: _____
 Participant SS#: _____ Date of this Certificate: _____

NOTICE TO WIA PARTICIPANT

This form is designed to facilitate the process for receiving Workforce Investment Act (WIA) funds for Supportive Services while participating in a WIA activity. It requires your self-certification and, in some instances, documents to support your request. You are required to provide accurate and current information regarding all existing supportive service(s) that you are receiving or are scheduled to receive from any other federal, state, or local organization/agency. False or misleading assertions or certification may result in the termination of all services under WIA.

Customer Acknowledgement _____
 INITIAL

Please place a check mark next to the supportive service(s) you are currently receiving or are scheduled to receive from any other organization or agency. If you are not receiving any Supportive Services, please write or print "none" in your own handwriting in the space next to the appropriate service.

Transportation _____ Child Care _____ Financial Support _____
 Food Assistance _____ Medical _____ Vision Care _____
 Housing _____ Scholarships or Educational Grant _____
 Other _____ (Describe) _____

Please list the source(s) of any Supportive Services you receive as indicated above

Name of Organization/Agency	Description of Services	Amount	Frequency
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Customer Self-Certification

I certify that the above information is true and correct to the best of my knowledge. If at any time I receive supportive service of any kind from another organization/agency, I agree to immediately notify my WIA Case Manager and submit a new Certification to determine continued eligibility for receiving WIA Supportive Services. I understand that failure to inform my Case Manager of changes occurring in my receipt of Supportive Services not listed above may result in the loss of all WIA Services.

 Customer Signature _____
Dated

 Case Manager Signature _____
Dated

Tulare County Workforce Investment Department Budget Worksheet

Name: _____ Date: _____

Address: _____ Social Security #: _____

Expenses:

	I pay this amount	Staff use only
Rent or House Payment		
Lot or storage or garage rent		
Heat (average)		
Electricity (average)		
Other Fuel (wood, cooking gas)		
Water & Sewer & Garbage		
Telephone (local & long distance)		
Food		
Food Eaten Out		
Household Supplies (cleaning products, stamps, etc.)		
Laundry & Dry Cleaning		
Cable T.V.		
Child Care & Diapers		
Child Support		
Gasoline		
Vehicle Maintenance		
Bus Fare		
Personal Care Needs		
Tobacco Products & Alcohol		
Clothing		
Contributions		
Medical Expenses		
Recreation & Entertainment		
Hair Care/Makeup		
Newspaper & Magazines		
Gifts		
School Tuition, Materials, etc.		
Insurance Payments		
Loan Payments		
Tax & License Payments		
All Other Bill Payments		
Pets		