



SUPPORTIVE SERVICES

PURPOSE

This policy establishes guidelines for allowable supportive services, general limitations, and documentation necessary for supportive services.

This policy supersedes Local Policy Bulletin #2019-06 Supportive Services, dated June 25, 2020. Retain this policy until further notice.

SCOPE

The Workforce Development Board of Ventura County (WDBVC) and its contractors, subrecipients, and service providers.

REFERENCES

- Workforce Innovation and Opportunity Act (WIOA) (Public Law 113-128) Sections 3(59) and 134(d)(2)(3)
- 2 CFR Title 2 Grants and Agreements: Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards Subpart E – Cost Principles, 200.441
- 20 CFR Section 680.900-970
- Training and Employment Guidance Letter (TEGL) No. 19-16, Operation and Guidance for the Workforce Innovation and Opportunity Act (March 1, 2017)
- TEGL No. 21-16, Third Workforce Innovation and Opportunity Act (WIOA) Title I Youth Formula Program Guidance (March 2, 2017)

POLICY

The term “supportive services” refers to those financial-based or physical accommodations that are reasonable and necessary and/or required for a customer to participate in activities authorized under Title I of the Workforce Innovation and Opportunity Act (WIOA). Supportive services are designed to provide a participant with the resources necessary to enable their participation in career and training services.

Any participant who is enrolled, may be eligible for supportive services if they are unable to obtain assistance from other agencies providing such services. In general, supportive services may include training-related and employment-related expenses necessary to obtain or retain employment.

The availability of and referral to supportive services is one of the career services that must be made available to participants. All efforts to secure supportive services from other sources must be first exhausted and documented in the proper form before expending funds.

Needs-related payments can help individuals who may not have the resources available to participate in training meet their non-training expense to complete training successfully. A participant must be enrolled in a WIOA-funded training program to receive needs-related payments and must meet eligibility criteria set by the WIOA.

A participant's need for supportive services must be noted when developing and updating the Individual Employment Plan (IEP) or Individual Service Strategy (ISS). Therefore, a thorough understanding of the resources and services available from other state, federal, or local agencies is pivotal in providing services with funds.

A customer shall not be denied supportive services without documented concurrence of a supervisor or manager.

Allowable Costs

Supportive services are available up to a maximum lifetime aggregate amount of \$5,000.00 for enrolled customers.

A customer who re-enrolls after previously being enrolled and exited will not have access to supportive services if the previous exit and 4-quarter follow-up resulted in an unsuccessful outcome. An exemption to this requirement must be approved by a Program Manager or designee.

This support services limit includes training-related materials and supplies during WIOA or non-WIOA funded training.

Documentation of need does not automatically entitle a customer to supportive services, since need could be addressed by non-WIOA and/or community resources.

Follow-up

Supportive services may be provided during follow-up, providing the supportive services are reasonable, necessary, and are directly related to the successful outcomes of the WIOA program.

Needs-Related Payments

Needs-related payments, as described in 20 CFR 680.930 through 680.970, provide financial assistance to adult, dislocated worker, or youth participants, enabling them to participate in training. Unlike other supportive services, to qualify for needs-related payments a participant must be enrolled in training. Participants may receive needs-related payments 30 days prior to training.

To be eligible, **adults or youth** must:

- Be unemployed;
- Not qualify for, or have ceased qualifying for, unemployment compensation; and
- Be enrolled in a program of training services under WIOA sec. 134(c)(3).

To be eligible, **dislocated workers** must:

- Be unemployed; and
 - Have ceased to qualify for unemployment compensation or trade readjustment under TAA; and
 - Be enrolled in a program of training services under WIOA sec. 134(c)(3) by the end of the 13th week after the most recent layoff that resulted in a determination of the worker's eligibility as a dislocated worker, or, if later, by the end of the 8th week after the worker is informed that a short-term layoff will exceed 6 months; or
- Be unemployed and do not qualify for unemployment compensation or readjustment assistance under TAA and be enrolled in a program of training services under WIOA sec. 134(c)(3).

Participants must have a documented need and complete the procedures outlined in Attachment VI. Determination and verification shall be secured at least weekly.

Payment Determination

Needs-Related Payments are provided up to \$250 per week for a participant lifetime maximum of \$2,000.

Needs-Related Payments are a direct stipend to participants to support their living costs during the period of training.

The level of Needs-Related Payments made to **adults or youth** may not exceed the equivalent weekly amount of the WDBVC's annual 100% LLSIL for a family of one. The poverty level for family size is established for the adult program and must be divided by 52 weeks to determine a weekly poverty level. Households with incomes above the self-sufficiency wage for the WDBVC local area are not eligible for Needs-Related Payments.

The level of Needs-Related Payments made to **dislocated workers** shall not exceed the greater of:

1. The applicable weekly level of UI compensation (for participants who were eligible for UI because of a qualifying dislocation); or,
2. If the worker did not qualify for UI compensation, the weekly payment may not exceed the poverty level for an equivalent period.

Needs-Related Payments have been classified as non-taxable income by the IRS.

Limitations

Supportive services will not be provided for expenses incurred prior to participant's enrollment in WIOA career services and training. Additionally, the following do not qualify for supportive services:

- Fines, penalties, damages and other settlements
- Entertainment, including tips
- Contributions and donations
- Auto loans
- Refund deposits
- Pet food
- Alcohol, tobacco or recreational drugs
- Items for family members, friends, or anyone who is not the participant
- Out-of-state job search and relocation expenses that will be paid by the prospective employer

Please refer to the Uniform Guidance, which establishes uniform administrative requirements, cost principles, and audit requirements for federal awards. The Uniform Guidance applies to all federal awards made on or after December 26, 2014. Therefore, beginning with WIOA Program Year (PY) 2015-16 funds, all subrecipients of this funding must adhere to the Uniform Guidance, DOL Exceptions, and corresponding WIOA administrative requirements, cost principles, and audit requirements. For more information on Uniform Guidance implementation, please see TEGL 15-14.

Special Situations

Individual items must be related to training, placement, or other relevant activities and are subject to a case-by-case review. Special situations may exceed individual line item limits but must be necessary, reasonable, and allocable. The authorized Program Manager or designee must approve all requests.

Procedures and Documentation

1. Supportive services may only be provided to enrolled individuals, who are participants in career and/or training services. Staff must establish need by verifying that customers are officially enrolled in career and/or training services and determine that requested services provided are reasonable and necessary.
2. Staff are responsible for ensuring that participants are informed of the available services and procedural requirements and notified that they are not automatically entitled to supportive services. Supportive services are not entitlements and are subject to funding availability.

3. Supportive services may only be provided to individuals, who are unable to obtain supportive services through other programs that provide such services. A minimum of at least three (3) community resources must be contacted for any service requested by the customer and documented. Referrals to community resources shall be documented in case notes including item or service requested and name of community resource that the customer was referred to (e.g. 2-1-1, Human Services Agency, Employment Development Department, etc.).
4. Participants shall prepare a personal budget verifying they do not have the financial resources to obtain the service. The most current budget must be included in the participant record. The WDBVC recommends the use of the CalJOBS budgeting tools for this purpose.
5. Supportive services provided must be reasonable, necessary, and allowable based on established local, State and Federal guidelines and regulations. The attached Supportive Services Matrix (Attachment I) is for internal staff use only and should not be shared with participants.
6. All supportive service payments must be relevant to the results of the objective assessment of each participant's IEP/ISS. The need for supportive services must be listed in the participant's IEP/ISS.
7. Supportive services cannot be provided retroactively. All supportive services must be pre-approved as outlined in this policy.
8. The cost of supportive services must demonstrate a direct connection in placement of a participant in employment activities or education and training programs, which will eventually lead to unsubsidized employment, and assist in building skills needed to succeed in the workplace.
9. Supportive services require the submission of a Supportive Services Request Form (example in Attachment II). The form must be completed in its entirety and signed by the participant and applicable program staff. Failure to properly complete the supportive services forms may result in a delay/denial of the request for supportive services. If a Service Provider already has a form in use, it must include all the elements from Attachment II.
10. Each request for supportive services must be clearly documented in the CalJOBS case notes. The case note must include the participant's individual needs and how these needs relate to the supportive services request. For example:

Supportive service assistance for (insert type of supportive service) was requested by (insert participant name). All practical alternatives have been exhausted (name attempted resources) to obtain these supportive services through other resources. (Insert

participant's name) requires this assistance to complete (his/her) (insert type of activity). The cost for this supportive service is (insert actual amount). Supportive service funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in supportive services year-to-date, not including this service. This request is approved by (insert approving Manager name.)

11. Input appropriate service code in CalJOBS with the actual date of receipt as the start and end date. Each supportive service activity must be opened as a new activity in CalJOBS. If participants receive supportive services in the period of follow-up, designated activity codes for follow-up services shall be used and entered in CalJOBS.
12. A copy of the supportive service (card, check, etc.) shall be made and placed in the participant's file. The participant shall sign and date the copy upon receipt. This copy must be placed in the participant's file.
13. Special situations may exceed individual line item limits but must be necessary, reasonable, and allocable. The authorized Program Manager or designee must approve all requests.
14. Groceries and on-site meals for program participants are beyond the scope of WIOA.
15. Invoices, statements, and receipts necessary to verify that a supportive service has been provided must be returned to staff. It is the responsibility of the staff that distributed the supportive service to ensure that all support services documentation is collected and added to the participant file.
16. Returned receipts must indicate that the supportive service was used for its intended purpose. For example, the receipts for a \$50.00 gas card should display that \$50.00 of gasoline was purchased. If the supportive service was not used for its intended purpose, no additional supportive services will be provided for the participant unless the participant reimburses the difference.
17. Supportive services that have remaining balances must be returned by the participant and tracked by the service provider.
18. Maintain all services and their costs (up to the \$5,000.00 limit) in the Supportive Services Expense Log (Attachment III), or similar document, and upload log into CalJOBS.
19. If a participant receives a supportive service and fails to return the appropriate documentation/receipts, **no additional supportive services will be provided until such receipts are provided**. Supportive services may continue to be provided should the participant return the value of the supportive service in which the receipt was lost.

20. An Affidavit of Lost/Stolen/Destroyed Supportive Services (Attachment IV) must be completed by the participant, if a supportive service is lost or stolen. Any reported lost/stolen supportive service should be immediately recorded.
21. All supportive services shall be tracked for audit purposes on a Supportive Services Master Log (Attachment V). An inventory of all supportive services will be conducted by a designated staff, who is responsible for the supportive service.

ACTION

Bring this policy to the attention of all affected staff.

INQUIRIES

Inquiries regarding this policy can be addressed to the WDBVC at 805-477-5306.

/S/ Rebecca Evans, Executive Director
Workforce Development Board of Ventura County

ATTACHMENTS:

- | | | |
|----------------|---|--|
| Attachment I | - | Supportive Services Matrix |
| Attachment II | - | Supportive Services Request Form |
| Attachment III | - | Supportive Services Participant Log |
| Attachment IV | - | Affidavit of Lost/Stolen/Destroyed Supportive Services |
| Attachment V | - | Supportive Services Master Log |
| Attachment VI | - | Needs-Related Payments Form and Verification |

SUPPORTIVE SERVICES MATRIX

Attachment I

Supportive Service	Limit	Parameters
Academic Materials	\$800	Must be required for training or employment. A copy of a syllabus or employer documentation that lists required textbooks or supplies must be provided. May include other items necessary for the participant to complete training or to become employed.
Automotive (Repair, tires, insurance, DMV, etc.)	\$2,000	<p>Provider is authorized to approve payment for automobile insurance policies, for up to six consecutive months, directly related to the motor vehicle that the participant is using for transportation to and from classroom training, on-the-job training or job search.</p> <p>The participant's name must be on the vehicle registration and be insured for liability and property damage with minimum policy limits as required by the State of California. Also, the participant must be properly licensed to operate a vehicle in the State of California.</p> <p>Two estimates are required per repair, not to exceed \$2,000. Multiple repairs per year are allowed. However, total cost of repairs in a 12-month cycle cannot exceed \$2,000.</p> <p>The maximum amount allotted for insurance is \$500. The maximum amount allotted for DMV is \$400. No funds shall be provided for monthly car payments.</p>
Bus Passes	One 30-day bus pass per month	Bus passes (or their equivalent) can be made available to participants to engage in enrolled training and/or employment activities. It is the responsibility of the staff to determine if a participant needs transportation assistance to enable access to, or return from the training or employment facility initially, or for subsequent visits.
Cell Phones / Mobile Phones	\$250	To provide low-cost mobile phone service assistance for participants to use for job search assistance or participant in employment services required for participation in programs.
Child Care / Dependent Care	\$1,500	Two estimates are required. If a participant is receiving assistance from another agency, only pay for the allowed costs after subtracting the received assistance amount. Service is only allowed while the participant is completing activities outlined in the IEP/ISS. If a provider will not accept a part time or hourly rate, therefore a full-time rate is paid, the participant is responsible for paying for the remaining hours of care above and beyond the time spent working towards the goals and objectives identified in the IEP/ISS.

Supportive Service	Limit	Parameters
Clothing	\$500	Clothing shall be done in conjunction with in-person job searches, interviews, employment, or schooling where appropriate attire is required, and supported with documentation (i.e. planned interviews, in-person job search activities, employer letter, required for training). These services will be followed-up and recorded in CalJOBS. Clothing purchased must be reasonable and necessary (not from a high-end boutique store), and appropriate for the activity. Clothing may also be purchased with a voucher or other mechanisms established by the subrecipient. Clothing includes shoes and uniforms. No clothing shall display inappropriate content, political statements or team logos.
Counseling	\$500	Mental health or substance abuse counseling. An estimate is required.
Dry Cleaning	\$100	For clothing needed for interviews, work, or school.
Educational Testing	\$700	Any single or combination service needed to gain employment or to obtain a living wage. Examples include: Live Scan, GRE, CSET, SAT, etc.
Gas Card	One \$75 gas card per month	Receipts must show that gas cards were used for gas only. The participant's name must be insured for liability and property damage with minimum policy limits as required by the State of California. The participant must be properly licensed to operate a vehicle in the State of California. Also, participants must provide documentation of estimated mileage to interviews, school, work, etc.
Health Services	\$1,000	An estimate is required for any health service. The participant may receive more than one health service with written justification, but cumulative may not exceed the maximum amount. Allowable items include: drug screenings, hearing exams, optical, tattoo removal, and dental work. Other health services may be considered on a case-by-case basis.
Haircuts	\$100	To prepare for professional interviews, school, or work and present themselves properly groomed for interviews/job.
Housing/Rental Assistance	\$3,000	Rent/mortgage payments are permitted if a late notice for rent/mortgage was issued by the landlord and must be at least one (1) month behind in rent/mortgage. To qualify, the participant must have lived at the residence for 6 months or more and paid at least the first 6 months of rent/mortgage. The participant's name must be on the rental agreement, lease, etc. or show documentation that they live at the residence.

Supportive Service	Limit	Parameters
Mileage Reimbursement	Reimbursed at the IRS Standard Mileage Rate. Not to exceed \$75 per month	Mileage reimbursement will only be provided to participants for expenses incurred while participating in employment or education activities such as interviews and job search, in their private vehicle. The participant's name must be insured for liability and property damage with minimum policy limits as required by the State of California. The participant must be properly licensed to operate a vehicle in the State of California. Also, participants must provide documentation of actual mileage to interviews, school, work, etc.
Rideshare or App-Based Ride Services	\$75 in rideshare credits per month	Rideshares may only be used for interviews, work, or school. Participants must provide documentation of actual mileage to interviews, school, work, etc.
Seminar/Workshop	\$200	The seminar or workshop must coincide with the participant's target occupation or goal identified in their IEP/ISS.
Tailor	\$100	To adjust clothes required for interviews, school, or work.
Tools	\$1,000	Tools must coincide with occupation or trade and must be required for participation in training or employment. Must show documentation requiring the tools from the employer.
Utilities	\$1,000	Approved utilities include: electricity, gas, water, and internet. Participant's name must be on the bill(s) or match the address listed on rental/mortgage agreement that includes the participant's name.
Other	-	Other supportive services that will remove a barrier and positively impact the participant. Must be reasonable, necessary, and cannot be categorized under line items in this matrix. Must be approved by a Program Manager or designee and documented appropriately.

Workforce Development Board of Ventura County

Supportive Services Request Form

CalJOBS Application Number

Participant Name (Last, First)

PARTICIPANT INFORMATION (ensure that participant information for applicant is complete and up-to-date)

<input type="checkbox"/> Adult <input type="checkbox"/> Youth	Address	City	State/ZIP	Primary Phone
<input type="checkbox"/> Dislocated Worker				
<input type="checkbox"/> Special Grant				

Amount Requested

RATIONALE FOR SERVICES

Supportive service assistance for (insert type of supportive service) was requested by (insert participant name). All practical alternatives have been exhausted (name attempted resources) in an effort to obtain these supportive services through other resources. (Insert participant's name) requires this assistance in order to complete (his/her) (insert type of activity). The cost for this supportive service is (insert actual amount). Supportive service funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in supportive services year-to-date, not including this service.

SUPPORTIVE SERVICE INFORMATION

Type of Supportive Service

- | | | |
|---|---|--|
| <input type="checkbox"/> Child/Dependent Care (180/480) | <input type="checkbox"/> Seminar/Workshop Allowance (186) | <input type="checkbox"/> Utilities (190/489/F16) |
| <input type="checkbox"/> Transportation Assistance
(181/481/F12) | <input type="checkbox"/> Counseling (486 Youth Code only) | <input type="checkbox"/> Educational Testing (191/490/F21) |
| <input type="checkbox"/> Medical (182/482F18) | <input type="checkbox"/> Job Search Allowance (187) | <input type="checkbox"/> Post-Secondary Academic Materials (493 Youth Code only) |
| <input type="checkbox"/> Temporary Shelter (184/484) | <input type="checkbox"/> Tools/Clothing (188/487/F13/F14) | <input type="checkbox"/> Dependent Care (F17 Youth Code only) |
| | <input type="checkbox"/> Housing Assistance (189/488/F15) | <input type="checkbox"/> Incentives/Bonuses (419/F19 Youth Code only) |

Describe Other (if applicable):

Were other programs providing such services explored before submitting supportive service request?	Is request within the applicable Supportive Services Matrix limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were receipts returned for the last supportive service issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Printed Name of Requesting Staff	Signature of Requesting Staff	Date
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My signature below indicates that I have been informed of and understand the information contained on this form. I understand that I am required to return proper receipts and/or documentation that are requested for the purchases and services that I have received. I understand that, if the required receipts and/or documentation in the amounts listed above are not returned, there will be no additional supportive services provided to me. Additionally, I understand that the above mentioned supportive services are solely for the use of myself. All supportive services are only to be used for the intended purpose. Failure to comply with these policies will result in termination of assistance.

Printed Name of Participant	Signature of Participant	Date
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FOR MANAGER/ACCOUNTING USE ONLY

Is request reasonable, necessary, and allowable based on established local policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Request Outcome <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Check/Card Number (if applicable)
Printed Name of Accounting Staff	Signature of Accounting Staff	Date
Printed Name of Manager	Signature of Manager	Date

Available Community Resources

Instructions: Participant and/or service provider staff conducts research and list available community services from three (3) vendors prior to approval of supportive services. Subsequent research must be completed based on category of supportive services.

1. Organization _____

Contact Name _____

Phone Number (_____) _____

Date Contacted _____

Resources Available: Yes No

If yes, list the item(s) available: _____
and refer customer to the organization, complete the supportive services non-approval.

2. Organization _____

Contact Name _____

Phone Number (_____) _____

Date Contacted _____

Resources Available: Yes No

If yes, list the item(s) available: _____
and refer customer to the organization, complete the supportive services non-approval.

3. Organization _____

Contact Name _____

Phone Number (_____) _____

Date Contacted _____

Resources Available: Yes No

If yes, list the item(s) available: _____
and refer customer to the organization, complete the supportive services non-approval.

Supportive Services Participant Log

#	Date	Description of Supportive Service	Supportive Service Category	Cost	Cumulative Total	Staff Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Affidavit of Lost/Stolen/Destroyed Supportive Services

I, _____, hereby declare that a _____ (name of supportive service) with serial number _____ in the amount of \$ _____ was lost/stolen/destroyed on _____ (date).

I understand that I cannot use the aforementioned supportive service, if it comes into my possession. If it does, I must immediately return it to _____ (name of issuing office).

The above statement is true and correct. I have been advised and am aware that it is unlawful to give false information and that I may be prosecuted for perjury, a felony in the state of California, if the above information is not true.

A replacement for this supportive service was issued on _____ (date).

Participant Print Name

Date

Participant Signature

Witness Print Name

Date

Witness Signature

Supportive Services Master Log

Workforce Development Board of Ventura County

Needs-Related Payments Form and Weekly Verification

CalJOBS Application Number

Participant Name (Last, First)

PARTICIPANT INFORMATION (ensure that participant information for applicant is complete and up-to-date)

<input type="checkbox"/> Adult or Youth <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Special Grant	Address	City	State/ZIP	Primary Phone
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RATIONALE FOR NEEDS-RELATED PAYMENTS

Needs-Related Payments were requested by (insert participant name). (Insert participant's name) requires financial assistance in order to participate in (his/her/their) training activity. The weekly payment for this participant is (insert actual amount). Needs-Related Payments funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in Needs-Related Payments year-to-date.

I certify I am:

- Unemployed
- Did not qualify for unemployment or have ceased to qualify for unemployment
- Enrolled and attending an ETPL approved training full time
- Unable to qualify for unemployment or Trade Readjustment Assistance under TAA
- Do not have other resources to support me while attending training
- Require income support to participate in full-time training

Documentation

- LLSIL attached
- UI history attached

Needs-Related Payments are provided up to \$250 per week for a participant lifetime maximum of \$2,000.

DISLOCATED WORKER		ADULT OR YOUTH	
Weekly level of UI Compensation		Annual Poverty Level for Family Size	
Total Number in Family			
Annual Poverty Level for Family Size		Divided by 52 weeks	
Divided by 52 weeks			
Total Needs-Related Payment		Total Needs-Related Payment	
Printed Name of Requesting Staff		Signature of Requesting Staff	Date

My signature below indicates that I have been informed of and understand the information contained on this form. I understand that I am required to return proper receipts and/or documentation that are requested for the purchases and services that I have received. I understand that, if the required receipts and/or documentation in the amount listed above are not returned, there will be no additional supportive services provided to me. Additionally, I understand that the above mentioned supportive services are solely for the use of myself. All supportive services are only to be used for the intended purpose. Failure to comply with these policies will result in termination of assistance.

Printed Name of Participant		Signature of Participant	Date
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FOR MANAGER/ACCOUNTING USE ONLY		
Is request reasonable, necessary, and allowable based on established local policies?		Request Outcome
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Check/Card Number (if applicable)		
Printed Name of Accounting Staff		Signature of Accounting Staff
		Date
Printed Name of Manager		Signature of Manager
		Date