

<b>Section-03 Program and Eligibility</b>	<b>P-0300700</b>	<b>Effective Date: 10/21/2021</b>
<b>Replaces TAWDB Supportive Services dated 12/13/2018 and EWB Supportive Services, Revision 2 dated November 2018</b>		
<b>Delaney Rea, GCWDB Chair</b>		

## **Supportive Services**

A key principle in WIOA is to provide local areas with the authority to make policy and administrative decisions and the flexibility to tailor the workforce system to the needs of the local community. To ensure maximum flexibility, Green Country Workforce Development Board (GCWDB) has determined that Supportive Services shall be offered to provide a participant with the resources necessary to participate in career services and/or and training services. Supportive Services may be made available to anyone participating in Title I career services (excluding follow up career services) or training services.

### **I. Supportive Services**

#### **A. Definitions:**

1. **Supportive Services:** Services that are necessary to enable an individual to participate in activities authorized by WIOA. As determined by local policy, supportive services may include Supportive services must be coordinated with partner entities. The term “supportive services” means services such as, but not limited to, transportation, childcare, housing, and needs-related payments that are necessary to enable an individual to participate in activities authorized under this Act.
2. **No Other Service Available:** When considering whether supportive services are available through other agencies, the One-Stop operator shall decide whether such services are readily and immediately obtainable from another agency or program.
3. **Needs Related Payments:** A form of supportive services designed to provide a participant with financial assistance for the purpose of enabling them to participate in training services.

#### **B. Requirements:**

1. the services are necessary to participate in title I activities;
2. supportive services are WIOA-funded only when these services are not available through other agencies or partners;
3. Documentation of how supportive services will be funded when they are not otherwise available from other sources;

**C. Limits:** The use of a Supportive Services is determined on an individual basis. Fund distribution is determined at the job service office with guidance from a Career Coach and the OSO as needed. Eligibility or enrollment in WIOA does not constitute

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entitlement to any Supportive Service. Supportive Service funding is based on availability of program funds and shall not exceed \$1500 in any program year without approval of the Executive Director.

## **II. Coordination on use of funds:**

A. To ensure the highest quality and most comprehensive service provision possible, supportive services funds may be utilized in coordination with career and training services provided by other partner programs and entities jointly responsible for workforce and economic development, educational, and other human resource programs.

B. When all other avenues have been explored for necessary supportive services, it may be appropriate for WIOA title I supportive services funds to be coordinated with a partner entity's supportive services, if the partner indicates their supportive services funding is in danger of depletion prior to the end of the time period for which the funds are intended. This practice will help ensure that neither the local workforce development area nor the community partner exhausts their supportive services funds during their respective periods of funding. The details of this arrangement must be documented in the Combination of Services to Overcome Needs/Barriers section of the IEP, as well as in program notes.

## **III. Supportive Services may include, but are not limited to:**

- Assistance with transportation costs;
- Assistance with childcare and dependent care;
- Linkages to community services;
- Assistance with housing costs;
- Assistance with educational testing;
- Reasonable accommodations for individuals with disabilities;
- Referrals to medical services and related health care;
- Assistance with uniforms or other appropriate work attire and work-related tools costs, including such items as eyeglasses and protective eye gear.
- Assistance with books, fees, school supplies, and other necessary items for students enrolled in post-secondary
- education classes;
- Payments and fees for employment and training-related applications, tests, and certifications;

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- Legal aid services; and
- Needs-Related Payments (available only to individuals enrolled in training services).

**IV. Needs-Related Payment Eligibility:** Needs-related payments can help individuals meet their non-training expenses and help them to complete training successfully.

**A. Adult:**

1. Be unemployed;
2. Not qualify for, or have ceased to qualify for, unemployment
3. Be enrolled in a training program described in this issuance and section 134(c)(3)(D) of WIOA.

**B. Dislocated Workers:**

1. Be unemployed
2. Have ceased to qualify for unemployment compensation or trade readjustment allowance under TAA
3. Be enrolled in a training program described in section 134(c)(3) of WIOA by the end of the 13th week after the most recent layoff that resulted in a determination of the worker's eligibility for employment and training activities for dislocated workers; 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
4. Be unemployed and:
  - a. did not qualify for unemployment compensation or trade readjustment assistance under TAA; and
  - b. be enrolled in a program of training services under WIOA 134(c)(3).
5. Needs-related payments for dislocated workers must not exceed the greater of:
  - a. the applicable weekly level of the unemployment compensation benefit, for participants who were eligible UI as a result of the qualifying dislocation; or
  - b. for participants who did not qualify for UI benefits as a result of the qualifying layoff, an amount equal to the poverty level for an equivalent period, which must be adjusted to reflect changes in total family income, as determined by local policies.

**C. Youth:** Youth receiving supportive services under WIOA youth funding must meet ISY or OSY eligibility criteria and formally enrolled in the program. Supportive

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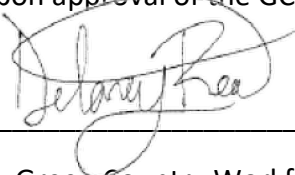
Services are allowed under Program Element 7: Supportive Services. These services include, but are not limited to:

1. Linkages to community services;
2. Assistance with transportation;
3. Assistance with childcare and dependent care;
4. Assistance with housing;
5. Needs-related payments for (youth ages 18-24 enrolled in WIOA youth training services)
6. Assistance with educational testing;
7. Reasonable accommodations for youth with disabilities;
8. Legal aid services;
9. Referrals to health care;
10. Assistance with uniforms or other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye gear;
11. Assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes; and
12. Payments and fees for employment and training-related applications, tests, and certifications.

**V. Equal Opportunity and Nondiscrimination Statement:** All recipients, and subrecipients/subgrantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

**VI. Action:** The Executive Director is responsible for compliance of this policy. The Executive Director is responsible for annual review and revisions if needed. Any exceptions to this policy statement will require prior written approval from the Executive Director or chair of the Green Country Workforce Development Board.

This policy will be effective immediately upon approval of the GCWDB membership.



10/21/2021

Chair, Green Country Workforce Development Board / Date

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Attachment A

Revised 08/19/2021

**CHILDCARE/DEPENENT CARE AGREEMENT**

Between WIOA Service Provider and Vendor as identified below:

Green Country Workforce Development Board Service Provider/Payor:		Dependent Care Provider:	
Company Name	_____	Payee Name:	_____
Billing Address	_____	Payment Address	_____
Billing City, State, Zip	_____	Payment City, State, Zip	_____
Contact Person	_____	Payment Contact Person	_____
Contact Number	_____	Payment Contact Number	_____

GCWDB's above listed service provider agrees to pay the above "Dependent Care Provider", a licensed childcare provider, for providing childcare service for the following children of:

Participant Name:	Participant ID
Dependent(s) Name	Dependent(s) Age
1.	
2.	
3.	
4.	
5.	
6.	

**Standard rates commensurate with DHS subsidy apply. Rates available at:**

<http://www.okdhs.org/services/cc/Pages/ChildCareBenefits.aspx>

The Dependent Care Provider agrees to send a completed **Attendance Record** (Attachment B) for each of the children listed above on the last day of each month in order to receive payment for childcare services. The **Attendance Record** must be completed and signed in ink by the participant and by the authorized service provider representative. Whiteout may not be used. Payments will be made out to the Payee as listed above.

This agreement is subject to availability of funds and to budget limitations. Either party may terminate this agreement at any time upon a 30-day written notification of such termination of the agreement.

\_\_\_\_\_  
Service Provider Name & Title

\_\_\_\_\_  
Dependent Care Name & Title

\_\_\_\_\_  
Service Provider Signature      Date

\_\_\_\_\_  
Dependent Care Provider Signature      Date



# Attendance Record

Training or Childcare Provider:

For the Month of:

Participant Name: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Date	Client Initials	Instructor Initials
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Date	Client Initials	Instructor Initials
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Date	Client Initials	Instructor Initials
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Attendee or Child's Name (if different than participant):

\_\_\_\_\_

Type of Attendance Report (Mileage, Childcare, Education: \_\_\_\_\_)

**Instructions:**

1. Complete and sign in ink.
2. Do not use whiteout
3. The Participant and Provider must initial each day of attendance to be eligible for reimbursement/payment on the identified days.
4. Bring the original to your case manager, or mail to: \_\_\_\_\_  
Note: For faster processing of your reimbursement/payment, email a copy of this report to: \_\_\_\_\_
5. Service Provider must maintain a copy of this record for at least three years in the event local, State, or Federal staff monitor this agreement.

I certify that the information recorded on this attendance record is correct to the best of my knowledge. I understand that any false statement on my part, including the filing of erroneous claims, may result in my prosecution for fraud.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Provider Signature



**CUSTOMER GOODS/SERVICES PROCUREMENT**

Customer Name: \_\_\_\_\_ PID: \_\_\_\_\_

County: \_\_\_\_\_ Program: \_\_\_\_\_

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**Competitive Quote:** \_\_\_\_\_

**Item to be purchased (description):** \_\_\_\_\_

**(Minimum of three quotes)**

Vendor: \_\_\_\_\_ Cost: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Vendor: \_\_\_\_\_ Cost: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Vendor: \_\_\_\_\_ Cost: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

**Vendor Selected:** \_\_\_\_\_ Cost: \_\_\_\_\_

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**Sole Source:** \_\_\_\_\_

After attempting to do Competitive Quotes, only one source was available for the needed item (ex: utilities, car tags, rural area with limited-service providers)

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**Rationale:** \_\_\_\_\_

\_\_\_\_\_



<h2>UNAVAILABILITY OF SERVICES</h2>
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Participant Name: \_\_\_\_\_

Participant ID #: \_\_\_\_\_

A. Identified Support Service Need:

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B. Resources other than WIOA are currently unavailable because:

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C. Source of information in Section B:

Name of Agency: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Information Received: \_\_\_\_\_

\_\_\_\_\_  
Print WIOA Service Provider Staff Name

\_\_\_\_\_  
WIOA Service Provider Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date





**TRAVEL REIMBURSEMENT AGREEMENT**

Between WIOA Service Provider

And

Participant

Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

City, State, Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Green Country Workforce Development Boards Service Provider, \_\_\_\_\_, agrees to reimburse the above-named Participant for **Previously Approved Activities** associated with attending: occupational skills training, job readiness training employment activities, approved events or activities, WIOA support groups and post-employment training.

Participants Home/Starting Address: \_\_\_\_\_

Ending Address: \_\_\_\_\_

Round Trip miles: \_\_\_\_\_

State Mileage Rate: \_\_\_\_\_

Source Document for Miles: \_\_\_\_\_

50% of State Mileage Rate: \_\_\_\_\_

Number of Training Days to be reimbursed: \_\_\_\_\_

Max

Allowable

Reimbursement: \_\_\_\_\_

# Round Trip Miles x # Training Days x Reimbursement Rate

The Participant agrees to submit an itemized receipt or attendance record for the above listed items/services to:

\_\_\_\_\_

This agreement is subject to funds availability and budget limitations.

Agreement Date: \_ \_\_\_\_\_

Participant Signature: \_ \_\_\_\_\_

Service Provider Staff Signature: \_ \_\_\_\_\_

Service Provider Local Approver's Signature: \_ \_\_\_\_\_

Service Provider Corporate Approval Signature: \_ \_\_\_\_\_



# GREEN COUNTRY WORKFORCE

Attachment F

Revised 08/19/2021

## Supportive Services Voucher

Participant Name: \_\_\_\_\_ Participant Funding Stream: \_\_\_\_\_  
 OKJM Participant ID \_\_\_\_\_  
 Is participant in training at time of service? \_\_\_\_\_  
 If yes, does Training + Supportive Service exceed unmet need? \_\_\_\_\_

<b>Green Country Workforce Development Board Service Provider/Payor:</b>	<b>Vendor/Payee Information:</b> Note: Identify participant information if this is a reimbursement.
Company Name _____	Vendor Name: _____
Billing Address _____	Payment Address _____
Billing City, State, Zip _____	Payment City, State, Zip _____
Contact Person _____	Payment Contact Person _____
Contact Number _____	Payment Contact Number _____

The Green Country Workforce Development Board's Service Provider identified above, agrees to pay for the following items and quantities at the identified cost amounts. The Service Provider will make payment to the identified Vendor/Payee at purchase or upon receipt of the items, as coordinated between the Service Provider and the Vendor. The Vendor/Payee, upon acceptance of this voucher, agrees to provide goods at the identified costs utilizing the payment method identified in this voucher. **Voucher is only valid with all signatures.**

Items to be purchased:

Quantity:	Item Description	Cost Per Item	Total Cost	Client Initial for receipt of item.
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
1	Taxes		\$0.00	
Payment Method: _____			<b>\$0.00 Total Approved Cost</b>	

Special and/or Billing Instructions:

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Local Approvers Signature & Title

\_\_\_\_\_  
Corporate Approval Signature & Title