

North Central Workforce Development Area

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LOCAL DIRECTIVE

Directive #: 17-157 REV 4

Date: July 1, 2022

TO: Staff and Service Providers

FROM: Lisa Romine, Executive Director

SUBJECT: Support Services & Needs Based Payments

SUPERCEDES: Directive #17-157 REV 3

Rev 4 Change Summary:

1. The \$6,000 ITA cap includes only tuition and fees. Direct training related support is included in the individual participant \$3,000 lifetime cap.

GENERAL INSTRUCTIONS:

I. Support Services: These are ordinarily federal costs necessary to enable a Title I participant to engage in career or training activities when the support is not otherwise available from other programs providing such services. Support service requests must be based on a financial analysis to substantiate necessity. Support services paid with state, local or private resources may vary from one or more of these specific rules.

Support Services may include but are not limited to: linkages to community services, assistance with: transportation, health care, special services and materials for individuals with disabilities, child care and dependent care, housing, groceries (non-federal Workforce Investment) work attire/clothing, financial counseling, individual and family counseling, alcohol abuse counseling and referral, job coaches, and other reasonable expenses. Occasional car payments and mortgage payments may be provided if threatened with repossession or foreclosure (must be documented). Exceptions, on a case-by-case basis, may be approved by the Director or Managing Director.

Supportive Services are limited to a \$3,000 lifetime cap per individual participant. Exceptions are subject to approval by Managing Director.

Direct training related expenses may be provided without a financial need analysis as long as it is required for participation in or completion of education or training activities & credentials such as High School Equivalency, Occupational Skills Training (ITA), OJT, Work Experiences, etc. and is not available to the participant through other program resources. Also see Tool Agreement policies. These may include but are not limited to: educational testing fees, uniforms, work-related tools

(including such items as eye glasses and protective eye wear), 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. Per State policy 5601 Rev 2, direct training related support such as, (books, academic fees, school supplies, educational testing and certification, equipment and tools, etc.) may be paid through an ITA agreement to the training institution. Any test fees, books, etc. provided for a participant related to that ITA must be included in the support service \$3,000 lifetime cap per individual limit. Exceptions are subject to approval by Managing Director.

Support During Follow Up: (per State Policy 5620 Rev1)

Support services are allowable during follow-up for Adults, Dislocated Workers, and Youth, if not otherwise available in the community, when needed to:

- a. retain unsubsidized employment (Adults, Dislocated Workers, Youth)
- b. retain participation in advanced training or post-secondary education or training (Youth only).

Rationale for providing supportive services to exited individuals for employment retention will be clearly documented in case notes.

a. General Requirements

Support services must be reasonable, necessary, based on need and otherwise unavailable. Support must be approved prior to being incurred. Exceptions need manager approval.

- **Unallowed:** fines & penalties, legal fees, groceries, alcohol, and tobacco or cannabis.

b. Documentation and Record Keeping

Support Service disbursements will be accounted for by participant (includes the use of prepaid cards/certificates). All support must be documented by a purchase receipt signed by the participant.

c. Financial Necessity Analysis Form:

This form substantiates necessity. The form guides staff through a conversation with participants to learn about their current household family financial situation. Once accepted, it is valid for up to 90 days. The form guides the collection of current income and expenses to determine if the participant is experiencing negative cash flow. The form may be completed over the phone or video conference. No participant signature is required; however, staff must document in case notes the date and time of conversation.

- **Family Size:** The participant's household family size, income and expenses are considered when determining support service necessity. Household family size includes husband, wife or parent / guardian dependent children and their dependent children, as well as grandparent guardians (legal or otherwise).
- **Sources of Income:** Actual monthly income amounts as attested by participant (must include any wages paid on work experience or on-the-job training) no verification is required.
- **Type of Expense:** Standards set by DSHS for their Consolidated Emergency Assistance Program (WAC 388-436-0050) are used for financial need and benefit amount based upon family size are used for food, clothing, utilities, and other (HH Maintenance). (see [chart here](#)) Phone expense is limited to \$50. Long distance charges are excluded from determining need.

- Actual monthly costs are used for rent/mortgage, car payments, insurance, fuel and repairs, medical/dental, life/home/disability insurance, and childcare. Estimated actual monthly expenses are used for water/sewer/garbage. Fines and credit card debt may be listed under other expense to determine deficit but must be limited to the minimum monthly amount due. The Manager may approve listing a specific and essential household family cost paid via revolving credit within the last 6 months. Such costs are ordinarily substantiated by additional documentation (purchase receipt, revolving account detail, etc.).

d. Request Form (Support Service Worksheet): The form must list description, quantity, and price of specific items requested and attached to the financial necessity form and presented to the program coordinator/manager for approval. ***Any required accompanying documents may be submitted by scan, fax, text or email.*** Participant signatures on agency forms are suspended until further notice. Participant signatures or initials on participant submitted documents such as purchase receipts are required.

The approved request is given directly to authorized person who generates, signs, and distributes the purchase order copies. The Office Assistant at SkillSource locations are authorized to complete this process.

If the requested support (ie. rent, child care) is listed on the financial analysis as an expense, that item may be provided up to but not exceeding the negative cash flow.

If the requested support (ie. car repair, work clothing, gas) is excluded from calculating financial necessity, the support service may be provided in full amount and exceed the negative cash flow. Items included in a training contract (ie: tools, workshop) that are not purchased prior to exit date for Adults & Dislocated Worker will not be paid or reimbursed.

e. Other Requirements (exceptions to the following limits must be approved by Managing Director)

- **Vendor invoice** or detailed cash register receipts signed by participant or Trainer attached to purchase order to substantiate payment.
- **Vehicle Fuel** is for transportation to and from training, education, and job search. The amount is calculated as a weekly amount and approved for up to four weeks at a time. Participant may pick up two weeks' worth of prepaid gas certificates at a time. Prepaid gas cards may be used in lieu of purchase orders and must be limited to gasoline only, no cash refunds.
- **Clothing** may be provided through prepaid certificates or purchase orders. Purchase orders are generally limited to \$150 and when possible purchased from a discount store (ie: Target, Walmart). Specialized clothing specified by training site and unique size requirements of participant are some exceptions.
- **Rent** assistance is unallowed when the participant and landlord are related. Rent is paid only to legal landlord, building owner or agent. Rental deposits are unallowable. First two months' rent can be approved in lieu of a deposit.
- **Utility bills** must be in participant or spouses name and attached to request for payment processing.
- **Car repair (including tire replacement)** will be limited to the cost of repair and may not exceed a cumulative \$1000 for any one participant. Two written estimates from licensed mechanic shops are to be obtained by participant and attached to the request when presented for manager approval.
- **Car repair/insurance:** documentation of ownership must be attached to request. (name of participant or participant's spouse must appear on registration or title.

- **Childcare:** approved providers must have a Child care license through WA State Children, Youth & Families. Exceptions may be made on a case-by-case basis and approved by Managing or Fiscal Director.
- **Groceries** and on-site meals for program participants are prohibited. This limitation does not apply to off-site activities such as fieldtrips or group class activities where participants travel off-site during meal periods.
- **Expenses already paid by participant:** an exception may be made with Manager approval to reimburse the participant for direct training costs (i.e.: books & testing fees, etc.) they have already paid via credit card, PayPal, or some other means. In these cases an expense reimbursement form is completed detailing participant name, address, date, amount, and item purchased signed by the participant and approved by manager. Attach the credit card or bank statement showing the transaction amount and vendor. The credit card or account used to purchase the item must be in the participants name.

3. Availability from other Programs

Support must be unavailable through other programs providing such services and be documented on the Support Service Worksheet (Request Form). Staff stay abreast of the availability of support services from partner programs via direct contact, community resource guides, 211, one stop partner meetings, etc.

II. Needs Based Payments: The local Area does not award Needs Based Payments to Adults or Dislocated Workers. They may receive support services, if they meet the local policy.

Participant Financial Analysis

Name _____ CMS# _____ Date _____ Family Size _____
 Update Date _____ Family Size _____

Office use:

Enrollment date _____

Monthly projections while participating in this project

Source of income	Monthly Amount	Update	Type of Expense	Monthly Amount	Update
Unemployment Compensation	_____	_____	Rent or mortgage	_____	_____
TANF, SSI, GA, Refugee (DSHS)	_____	_____	Food *	_____	_____
Food Stamps	_____	_____	Clothing *	_____	_____
Child Support	_____	_____	Utilities *	_____	_____
Foster care income	_____	_____	Household Maintenance *	_____	_____
Social Security	_____	_____	Water / Sewer / Garbage	_____	_____
Wages, take-home, all family members	_____	_____	Phone	50	50
Disability: L&I, Veterans, Insurance	_____	_____	Car: insurance/payments/gas/repair	_____	_____
Self-employment or farm income	_____	_____	Medical/Dental (include insurance)	_____	_____
Family support / military allotment	_____	_____	Insurance: life, home, disability	_____	_____
Pension: gov't., private, railroad, etc.	_____	_____	Child care	_____	_____
Interest, investment, annuity, etc.	_____	_____	Other (list)	_____	_____
Pell Grant	_____	_____	_____	_____	_____
Other (list)	_____	_____	_____	_____	_____
_____	_____	_____	*see DSHS Consolidated Emergency Assistance Program schedule for amounts		

Subtotal above \$ _____ \$ _____

Subtotal above \$ _____ \$ _____

Monthly amount difference _____

Update difference _____

I certify the information above is true and correct. I will immediately notify my training consultant of any changes in my own or my family's income.

Participant signature _____

Date _____

I have fully explored other resources and options available to the participant through other programs providing the requested services and certify there is no other available means to provide same.

Training Consultant _____ Date _____

UPDATE: We have reviewed the above income and expenses and have noted any changes in the Update column.

Participant _____ Date _____ Training Consultant _____ Date _____

Request For Support Worksheet

- ☐ Direct Training Related
☐ Other Support Need (attach participant needs analysis)

I, _____ CMS# _____ request assistance with:

ITEM	COST
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total	\$

CALCULATE WEEKLY GAS ALLOWANCE

_____ x _____ x \$.20 = _____
 # trips per week x # miles per trip x mileage rate = weekly gas allowance round to nearest \$10

Mileage Justification:

Vendor _____ Phone # _____

Address _____

Other program resources available?

Yes ☐ list agency(s) and amount(s) _____
 No ☐

I understand this training/support service must be purchased within 30 days, and will be used to satisfy the needs indicated above.

Participant Signature _____ Date _____

STAFF USE ONLY	ACTIVITY
Support Request \$ _____	<input type="checkbox"/> Training Enhancement <input type="checkbox"/> PVS/JSR
Previous PTD \$ _____	<input type="checkbox"/> ITA <input type="checkbox"/> OJT
Total Spt To Date \$ _____	<input type="checkbox"/> Other (Specify) _____
Trainer Approval _____ Training Manager Approval _____	
LA <input type="checkbox"/> LD <input type="checkbox"/> LI <input type="checkbox"/> LO <input type="checkbox"/> RR <input type="checkbox"/> NEG <input type="checkbox"/> STATE ED <input type="checkbox"/> OTHER <input type="checkbox"/> _____	