

# North Central Workforce Development Area

234 N. Mission • Wenatchee, WA 98801 • (509) 663-3091 • Fax (509) 663-5649 • www.skillsource.org

## LOCAL DIRECTIVE

Directive #: 17-157 REV 1      Date: July 1, 2019

TO:                      Staff and Service Providers

FROM:                  Dave Petersen, Executive Director

SUBJECT:              Support Services & Needs Based Payments

SUPERCEDES:        Directive #17-157

---

### Rev 1 Change Summary:

- 1) Clarified rules re: groceries/food as support
  - 2) Clarified the requirement to explore support through other programs providing support
  - 3) Edited forms to only require explanation of other program support on the worksheet, removed from financial analysis form.
- 

### 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 individual is unable to pay or obtain through other programs providing such services such as TANF, CSBG, etc. Completion of a consumer awareness workshop is recommended for participants requesting support more than once. Support service requests must be accompanied by a financial analysis to substantiate inability to pay. Support services paid with state, local or private resources may vary from these 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, 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).

Supportive Services are limited to a lifetime cap of \$1000 for any one participant. Exceptions shall be approved 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 post-secondary education or work-based training activities & credentials such as Occupational Skills Training (ITA), OJT or Work Experiences. Also

see Tool Agreement policies. These may include but are not limited to: 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. Direct training related support does not count toward the lifetime support service cap. Rather they are to be included the calculation of the total amount approved for the participant's direct training, (for example: DW ITA cap is \$6000. Any test fees, books, etc. provided for a participant related to that ITA plus the tuition may not exceed \$6000).

NOTE: (Per WIN 0078 Change 1) Supportive services are prohibited for adults and dislocated workers during follow-up and after exit. Supportive services may be provided only to participants to enable them to engage in career or training services. TEGL 19-16 further clarifies that follow-up services, though a type of career service, are not a qualifying service for receiving supportive services. Therefore, individuals who receive only follow-up services cannot receive supportive services.

#### **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, credit card payments, groceries, alcohol, and tobacco.

#### **b. Documentation and Tracking**

Accounting will track and document support by participant (includes the use of prepaid cards/certificates).

#### **c. 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.
- **Gasoline** 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: Shopko, Target, Walmart). Specialized clothing specified by training site and unique size requirements of participant are some exceptions. Prepaid Walmart certificates are limited to \$50, the trainer is responsible to obtain signed cash register receipt when more than \$50 worth of prepaid certificates is awarded at any one time.
- **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).
- **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.**

**d. Support Service Analysis Form:** An updated supportive service analysis (within 30 days of request) must be completed and submitted with the Request Form to the Program Coordinator/Manager for approval.

- **Family Size:** The participant's household family size, income and expenses are considered when determining support service need. *For the purposes of determining support service need*, Household family size includes husband, wife or parent / guardian dependent children and their dependent children, as well as grandparent guardians (legal or otherwise). Household family size is also used in determining need for participants determined eligible as a family of one (ie: disability).

- **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 2009 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 below)** Phone expense is limited to \$30. Long distance charges are excluded from determining need.

Actual monthly costs are used for rent/mortgage, car insurance, car payments, medical/dental, life/home/disability insurance, and childcare. Estimated actual monthly expenses are used for heat, electricity, and water/sewer/garbage. Fines may be listed under other to determine need but must be limited to the required monthly payment amount only and not include delinquent amounts.

**e. Request Form (Support Service Worksheet):** The form must list description, quantity, and price of specific items requested. This form is signed by the participant and trainer, attached to the completed support service analysis then presented to the program coordinator/manager for authorization.

Participants must be unable to obtain supportive services through other programs providing such services and be addressed on the Support Service Worksheet.

**At no point prior to final approval by the coordinator/manager will authorization be given or implied for the participant to incur services. If the participant incurs services at any time prior to this they risk doing so at their own expense.**

The signed forms are 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.

**f. Other:** If the requested support (ie. rent, child care) is listed on the support service analysis as an expense that item may be provided up to but not exceeding the unmet need.

If the requested support (ie. car repair, work clothing, gas) is not included in determining the amount of unmet need then item may be provided in full even if the amount exceeds the unmet

need as calculated on the support analysis. 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.

**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.

**DSHS CONSOLIDATED EMERGENCY ASSISTANCE PROGRAM (CEAP) WAC 388-436-0050**

	Family Size and Allowable Amounts*							
Need Item	1	2	3	4	5	6	7	8 or more
Food	\$217	\$276	\$341	\$402	\$463	\$526	\$600	\$664
Clothing	31	39	48	57	65	75	85	96
Utilities	89	113	140	164	189	216	250	276
Household maintenance	65	83	103	121	140	159	183	202

\*2009 values adopted indefinitely

## 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	30	30
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		
<b>Subtotal above</b>	\$ _____	\$ _____	<b>Subtotal above</b>	\$ _____	\$ _____

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 both personally and within the community to provide the requested Supportive 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 \_\_\_\_\_

# Support Service Worksheet

I, \_\_\_\_\_ CMS# \_\_\_\_\_ request assistance with:

ITEM	COST
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
Subtotal	\$
Tax	\$
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

Vendor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Other 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### STAFF USE ONLY

Support \$ \_\_\_\_\_ Training Enhancement \_\_\_\_\_

Total To Date \$ \_\_\_\_\_ ITA \_\_\_\_\_

\_\_\_\_\_ OJT Contract # \_\_\_\_\_

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Trainer Approval \_\_\_\_\_ Training Manager Approval \_\_\_\_\_

LA \_\_\_\_\_ LD \_\_\_\_\_ LI \_\_\_\_\_ LO \_\_\_\_\_ SCHOOL DIST \_\_\_\_\_

RRAA/RRIE \_\_\_\_\_ NEG \_\_\_\_\_ Other \_\_\_\_\_