

# North Central Workforce Development Area

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## LOCAL DIRECTIVE

Directive #: 17-157 REV2      Date: March 30, 2020

TO:                      Staff and Service Providers

FROM:                  Dave Petersen, Executive Director

SUBJECT:              Support Services & Needs Based Payments

SUPERCEDES:        Directive #17-157 REV 1

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### Rev 2 Change Summary:

- 1) Revised the financial necessity procedure to allow for analysis by phone and case note documentation with analysis being good for 90 days.
- 2) Revised standard amounts for food, clothing, utilities and household maintenance to reflect a CPI increase of 20% since 2009.
- 3) Increased the cap from \$1000 to \$3000
- 4) Suspended participant signatures on Agency forms.

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### 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. 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. 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 REV 1) Supportive services are prohibited for adults and dislocated workers during follow-up and after exit. 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, Adults and Dislocated Workers 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, 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).

**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 2009 Consolidated Emergency Assistance Program (WAC 388-436-0050) have been increased by 20% to reflect the relative CPI increase since 2009 and 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 \$50. Long distance charges are excluded from determining need.

|                       | Family Size and Allowable Amounts* |       |       |       |       |       |       |              |
|-----------------------|------------------------------------|-------|-------|-------|-------|-------|-------|--------------|
| Need Item             | 1                                  | 2     | 3     | 4     | 5     | 6     | 7     | 8<br>or more |
| Food                  | \$260                              | \$331 | \$409 | \$482 | \$556 | \$631 | \$720 | \$797        |
| Clothing              | \$37                               | \$47  | \$58  | \$68  | \$78  | \$90  | \$102 | \$115        |
| Utilities             | \$107                              | \$136 | \$168 | \$197 | \$227 | \$259 | \$300 | \$331        |
| Household maintenance | \$78                               | \$100 | \$124 | \$145 | \$168 | \$191 | \$220 | \$242        |

\*Based on the 2009 DSHS CONSOLIDATED EMERGENCY ASSISTANCE PROGRAM (CEAP) WAC 388-436-0050 amounts plus a 20% increase commensurate with the increased Consumer Price Index (CPI) for the same period.

- 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 SkillsSource 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. Prepaid Walmart certificates are limited to \$50, the trainer is responsible to obtain and submit signed purchase 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.
- **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 |                |          |
| <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 \_\_\_\_\_

OR  
 check if collected by staff over telephone and verified verbally the information is true and correct; Staff initials: \_\_\_\_\_

***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 \_\_\_\_\_

# 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 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.

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

### STAFF USE ONLY

Support \$ \_\_\_\_\_ \_\_\_\_\_ Training Enhancement  
 \_\_\_\_\_ ITA  
 Total To Date \$ \_\_\_\_\_ \_\_\_\_\_ OJT Contract # \_\_\_\_\_  
 \_\_\_\_\_ Other (Specify)  
 Trainer Approval \_\_\_\_\_ Training Manager Approval \_\_\_\_\_  
 LA \_\_\_\_\_ LD \_\_\_\_\_ LI \_\_\_\_\_ LO \_\_\_\_\_ SCHOOL DIST \_\_\_\_\_  
 RRAA/RRIE \_\_\_\_\_ NEG \_\_\_\_\_ Other \_\_\_\_\_