



March 25, 2022

EASTERN CAROLINA LOCAL AREA ISSUANCE No. 2021-10

SUBJECT: Supportive Services Policy

PURPOSE: To transmit supportive services policy and rescind Eastern Carolina Local Area Issuance No. 2017-02 dated July 24, 2017.

BACKGROUND: The Eastern Carolina Local Area Plan defines supportive services as one of the WIOA activities that could be provided to eligible WIOA participants to assist them in resolving their employment barriers as they transition to employment and self-sufficiency. WIOA funds may be used to pay for supportive services if such services are not otherwise available. Supportive services may include transportation, childcare and other emergency assistance.

ACTION: All WIOA Title I Service Providers are to comply with the attached supportive services policy.

EFFECTIVE DATE: Immediately

EXPIRATION DATE: Indefinite

CONTACT: Tammy Childers, Executive Director

DISTRIBUTION: WIOA Title I Service Providers

Tammy Childers
Executive Director

Attachments: Attachment A - Eastern Carolina Local Area WIOA Supportive Services Policy
Attachment B - WIOA Participant Request for Supportive Services
Attachment C - Agency Referral for Supportive Services Assistance
Attachment D - WIOA Supportive Services Voucher

EASTERN CAROLINA LOCAL AREA WIOA SUPPORTIVE SERVICES POLICY

I. Transportation Service Policy

- a. Transportation assistance may be provided to WIOA participants who are engaged in WIOA activities. Participants engaged in work experience activities may receive transportation assistance, if not available through other resources for a limited period of time. This time period should not exceed eight weeks or when the participant has received their 1st check, whichever occurs first.
- b. The WIOA service provider will complete all supportive service documentation prior to paying for services to support transportation costs. These documents will include the following:
 1. Participant Request for Supportive Services (*See attached form*)
 2. WIOA Referral form completed by WIOA Title I Service Provider and partnering agency to whom services are being referred. This referral form must be returned to the WIOA Title I Service Provider to determine whether service could be provided or not. (*See attached form*) **OR**
 3. Statement from other agencies indicating unavailability of funds
 4. Supportive Services Voucher. (*May use contractor's voucher or see attached form*)
 5. Mileage Reimbursement Form (*if applicable*)
 6. Participant attendance and/or timesheet for verification of invoices and daily transportation to and from training.
- c. Reimbursement for mileage costs will be in accordance with the WIOA Title I Service Provider's policies for up to a rate not to exceed the Standard mileage Rate established by the Internal Revenue Service, while participants are engaged in WIOA activities. Service providers are not to provide gas cards and/or gift cards for the purchase of gas.
- d. A copy of the WIOA service provider's policies on travel must be submitted to ECWDB.
- e. The amount of WIOA reimbursement will not exceed \$500.00 per month, without prior approval from the Local Area.
- f. Quotes should be obtained prior to providing for the service.
- g. The WIOA Title I Career Advisor should exert all efforts in seeking alternative options for the participant to resolve his/her transportation barrier. All supportive services must be documented in the participant's individual employment plan (IEP)/individual service strategy (ISS). A supportive service activity (CSS) must be created for each type of supportive service provided. If the service is a one-time payment of a prepaid item (such as a bus pass), the activity is opened and closed the day of issuance. If the service is an ongoing commitment such as transportation services, the CSS activity is to be opened and closed based on the duration in which the service is provided AND paid (Example: if transportation is invoiced and paid in two-week increments, a transportation CSS Activity would be opened with start and end dates reflecting that billing period.). The dates of the service in NCWorks Online must match the dates of service or billing period on the invoice. WIOA funds may be used to pay for these services, only if they are not otherwise available to the participant.

II. Child Care Policy

- a. Childcare assistance may be provided to WIOA participants who are enrolled in WIOA activities.
- b. Childcare reimbursement will be at a rate of not more than \$140.00 per week for 1st child and not more than \$85.00 per week for 2nd child.
- c. Participants enrolled in occupational skills training and/or GED/Adult High School programs, must provide attendance sheets that indicate the dates and times attended. Childcare assistance can only be provided for seated classes or clinicals and only for the days class/clinicals are attended.
- d. WIOA Title I service providers will utilize vouchers for childcare providers licensed by the State of North Carolina. To obtain licensing information for childcare providers you can visit www.ncchildcare.nc.gov. Use of non-licensed childcare locations are not allowed.
- e. WIOA Title I service providers will maintain adequate documentation to support childcare costs.
- f. The WIOA Title I service provider will complete all supportive service documentation prior to paying for services to support childcare costs. These documents will include the following:
 - 1. Participant Request for Supportive Services. (See attached form)
 - 2. WIOA Referral form completed by WIOA Title I Service Provider and partnering agency to whom services are being referred. This referral form must be returned to the WIOA Title I Service Provider to determine whether service could be provided or not. (See attached form) **OR**
 - 3. Statement from other agencies indicating unavailability of funds.
 - 4. Supportive Services Voucher. (May use contractor's voucher or see attached form)
 - 5. Statement from childcare Service Provider indicating the days that the participant's child(ren) were in day care.
 - 6. Attendance/timesheet indicating dates and time participant was participating in training.
- g. The WIOA Title I Career Advisor should exert all efforts in seeking alternative options for the participant to resolve his/her childcare barrier. All supportive services must be documented in the participant's individual employment plan (IEP)/individual service strategy (ISS). A supportive service activity (CSS) must be created for each type of supportive service provided. If the service is an ongoing commitment such as childcare services, the CSS activity is to be opened and closed based on the duration in which the service is provided AND paid (Example: if childcare is invoiced and paid in monthly increments, a childcare CSS Activity would be opened with start and end dates reflecting that billing period.). The dates of the service in NCWorks Online must match the dates of service or billing period on the invoice. WIOA funds may be used to pay for these services, only if they are not otherwise available to the participant.

III. Emergency Assistance

- a. WIOA Title I service providers may provide participants with one-time supportive services payment during emergency situations related to housing/rental assistance (*participant must be named on lease*), and utility payments (*participant must be named utility bill*).

Emergency transportation expenses such as car registration, first month's insurance fees, or vehicle repairs may be provided if such expenses are in support of a WIOA activity. Documentation of the vehicle's title/ownership (WIOA participant must be named on the title); proof of insurance and three (3) vendor quotes should be obtained prior to providing for the service, unless the vehicle had to be towed to shop. Total one-time emergency assistance for vehicle repair, car registration, first month's insurance, or emergency housing/rental assistance will not exceed \$1,000.00. WIOA Title I funds cannot be used to pay for the purchase, improvement, or routine maintenance of any assets (example: car payments or mortgage payments).

- b. WIOA Title I service providers will assist participant in contacting appropriate community agencies for assistance.
- c. WIOA Title I service providers will maintain adequate documentation to support emergency or short-term housing costs that may include copies of eviction notice, utility bills, repair, etc.
- d. The WIOA Title service provider will complete all supportive service documentation prior to paying for services to support emergency assistance costs. These documents will include the following:
 - 1. Participant Request for Supportive Services. (*Attachment B*)
 - 2. WIOA Referral form completed by WIOA Title I Service Provider and partnering agency to whom services are being referred. This referral form must be returned to the WIOA Title I Service Provider to determine whether service could be provided or not. (*Attachment C*) OR
 - 3. Statement from other agencies indicating unavailability of funds.
 - 4. Supportive Services Voucher (*May use contractor's voucher or Attachment D*)
 - 5. Copies of eviction notices, utility bills, repairs, etc.
- e. The WIOA Title I Career Advisor should exert all efforts in seeking alternative options for the participant to resolve his/her emergency. All supportive services must be documented in the participant's individual employment plan (IEP)/individual service strategy (ISS). A supportive service activity (CSS) must be created for each type of supportive service provided. If the service is a one-time payment (such as emergency assistance), the activity is opened and closed the day of payment. The dates of the service in NCWorks Online must match the dates of service or billing period on the invoice. WIOA funds may be used to pay for these services, only if they are not otherwise available to the participant.

IV. Other Supportive Services

- a. WIOA funds may pay for services to cover other expenses associated with participating in WIOA funded activities upon prior written approval.
- b. Additional supportive service payments may include, but are not limited to, assistance in obtaining a driver's license, and uniforms and supplies for work.
- c. WIOA Title I service providers will maintain adequate documentation to support other supportive service costs.
- d. The WIOA service provider will complete all supportive service documentation prior to paying for such services. These documents will include the following:

1. Participant Request for Supportive Services. (*Attachment B*)
 2. WIOA Referral form completed by WIOA Title I Service Provider and partnering agency to whom services are being referred. This referral form must be returned to the WIOA Title I Service Provider to determine whether service could be provided or not. (*Attachment C*) OR
 3. Statement from other agencies indicating unavailability of funds.
 4. Supportive Services Voucher. (*May use contractor's voucher or Attachment D*)
- e. Where WIOA supportive services are provided, the WIOA Title I Service providers should ensure that participants receive financial counseling or participate in a budget management/financial literacy class for the purpose of learning proper budgeting and money management skills and assist them in achieving their goals of economic self-sufficiency.

V. Payments

- a. The WIOA Title I service provider may be reimbursed for supportive service payments and invoices upon compliance with the following requirements.
1. The WIOA Title I service provider must ensure that WIOA participants are enrolled and actively participating in allowable WIOA activities for which support payments have been appropriated.
 2. The WIOA Title I service provider must arrange coordination with other human service agencies to eliminate duplication of services and all documentation must be completed prior to utilizing WIOA funds.
 3. WIOA Title I service provider must provide proper documentation of any supportive service payments to be submitted to the Local Area.
 4. The WIOA participant must meet attendance requirements of the WIOA program. The WIOA Title I service provider will maintain participant's attendance/time sheets documenting attendance.
- b. Reimbursement for supportive service payments and invoices will be made monthly to WIOA Title I service providers as per contract requirements.

Workforce Innovation and Opportunity Act Participant Request for Supportive Services

Name: _____ Last 4 of SSN: _____

Please answer the following questions fully. Write clearly in blue or black ink so your responses can be read easily.

What service(s) is/are needed and for how long?

Why is it needed?

What agencies have you asked to help you with this need?

What were the outcomes of those requests? (Attach written response from agency)

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I understand that Workforce Innovation and Opportunity Act funds for supportive services have certain limitations and exclusions and all requests no matter how legitimate the need may be, may not be granted. If I am not satisfied with the decision regarding this request, I have the right to file a written request for review within ten days of receiving a response.

Signature: _____ Date: _____
WIOA Participant

TO BE COMPLETED BY WIOA SERVICE PROVIDER

- | | |
|--|-------------|
| <input type="checkbox"/> Request received. Further research indicated. | Date: _____ |
| <input type="checkbox"/> Referred to: _____ | Date: _____ |
| <input type="checkbox"/> WIOA Supportive Services Approved for _____ | Date: _____ |
| <input type="checkbox"/> WIOA Supportive Services Disapproved for _____ | Date: _____ |
| <input type="checkbox"/> WIOA funds not available for support services at this time. | Date: _____ |

Signature: _____
Workforce Innovation and Opportunity Act Service Provider

Agency Referral For Supportive Services Assistance

Select County:

<input type="checkbox"/> Carteret	<input type="checkbox"/> Craven	<input type="checkbox"/> Duplin	<input type="checkbox"/> Greene	<input type="checkbox"/> Jones	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Onslow	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Wayne
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This individual is being referred to your agency for assistance as indicated below.

NAME: _____

Last 4 of SSN: _____

REFERRAL TO AGENCY: (CHECK ALL THAT APPLY)

☐ Community Based Organization (specify):

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- ☐ Community College
☐ DSS
☐ Division of Workforce Solutions (*formerly ESC*)
☐ Faith-Based Organization (specify):

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- ☐ Health Department/Community Clinic
☐ Housing Authority
☐ Job Corps
☐ Mental Health
☐ Salvation Army
☐ Services for the Blind
☐ Shelter (specify):

☐ Transportation Services (specify):

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- ☐ Vocational Rehabilitation
☐ Other (specify):

COMMENTS FROM REFERRING AGENCY:

REFERRAL FOR SERVICE(S) (CHECK ALL THAT APPLY):

- ☐ Child Care
☐ Counseling (*including drug and/or alcohol abuse*)
☐ Emergency (*food, shelter, etc.*)
☐ Medical/Dental/Vision Care
☐ Transportation
☐ Unemployment Compensation
☐ Other (*specify*):

AUTHORIZATION TO RELEASE INFORMATION:

I hereby approve the release of all information that is determined pertinent to my request, including but not limited to name, social security number, phone number, financial information, class schedules and grades, employment, disability determination, and any other related information that would result in assistance with my request. I hereby acknowledge that this consent is voluntary.

Signature _____

Date _____

OUTCOME OF REFERRAL:

Please indicate the outcome of this referral and return this form to:

SERVICE(S) WERE OR CAN BE PROVIDED:

☐ YES ☐ NO

Use the space below for explanation. If additional space is needed, please use official agency letterhead.

AGENCY NAME:

Signature of Agency Representative

Title

Date

WORKFORCE INNOVATION AND OPPORTUNITY ACT SUPPORTIVE SERVICES VOUCHER

I. **Voucher #:** _____ **Date Prepared:** _____

TO: _____
(Vendor)

This is to certify that (WIOA Participant's Name) _____ Last 4 of SSN: _____
is approved for a voucher to participate in the Workforce Innovation and Opportunity Act program in accordance with participant's WIOA employment plan. All other resources and appropriate agencies have been contacted and it has been determined that they are not able to provide assistance to the participant at this time.

Please provide the following services:

- ☐ Transportation Service or Mileage Reimbursement
- ☐ Transportation Expenses (one-time service only- e.g. registration, insurance, car repair, etc., attach documentation)
- ☐ Child Care and/or Dependent Care (attach related documentation)
- ☐ Housing or Rental Assistance (one time assistance only-attach documentation e.g. eviction notices, bills, etc.)
- ☐ Emergency or short-term assistance (one time assistance only – attach documentation e.g. utility bill, etc.)
- ☐ Clothing and/or supplies as required for work

Please explain or specify: _____

Other services

Please explain or specify: _____

Period covered from: _____ to _____

APPROVED FOR PAYMENT: _____ **Date:** _____
(Authorized WIOA Service Provider Signatory Official)

WIOA Title I Service Provider Address: _____

WIOA Title I Service Provider Telephone: _____

II. Service Received by: _____
(Participant Signature)

III. REDEMPTION OF WIOA VOUCHER FOR SERVICES

Note: This part must be completed by the Vendor rendering services. Please complete and return this voucher to the above address with sufficient documentation (i.e. receipts, invoices, etc.) to support the reimbursement of costs incurred.

Service Provided by: _____

Vendor Address/Telephone #: _____

Invoiced Amount: \$ _____

Description of Services Rendered: _____

List all eligible/authorized cost items,
i.e. tuition, books, Work Experience
Wages, OJT Reimbursement, other
supportive Service Costs:

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