

**ATLANTA REGIONAL WORKFORCE BOARD INSTRUCTION 14-03**

**DATE: July 30, 2014**

**SUBJECT: Revised Support Policy, Instructions and Documentation**

1. **PURPOSE:** The purpose of this instruction is to disseminate the revised Support Policy, new Request, Plan and Agreement for Support Services, Documentation of Need for Support Services Checklist, revised Childcare Attendance, WIA Training Attendance Records and Request for Emergency Funds.
2. **REFERENCES:** Georgia WIA Policy Manual Revised 4-01-14
3. **BACKGROUND:** Implementation of new State WIA Support policies effective 7-14.
4. **POLICIES:** New support policy and documents replaces old policy and documents.
5. **ACTION REQUIRED:**
  - a. All career resource center staff must now use the above referenced policy and documents dated July 2014.
  - b. Mandatory completion of VOS Support Service Activity registration and follow up.
  - c. All participants requesting support must complete/sign Request, Plan and Agreement as well as provide documentation of need. Participants seeking Emergency Support service must complete/sign the Request for Emergency Funds with their Career Advisor.
  - d. Instruction should be placed in instruction section of One Stop Manual.

**EFFECTIVE DATE: July 30, 2014**



Mary Margaret Garrett  
Manager, Workforce Solutions

MMG:js

Attachments: Revised: Support Policy, Childcare and WIA Training Records, Request for Emergency Funds, New Request, Plan and Agreement for Support and Documentation of Need.

cc: All WFD staff, All Career Resource Center staff, Youth Providers



**SUPPORT POLICY  
ATLANTA REGIONAL WORKFORCE BOARD**

**Revised July 30, 2014**

The Georgia Workforce Investment Board approved new supportive services guidelines and expenditure caps on November 21, 2013 to be effective July 1, 2014. The ARWB has developed a process by which participants are determined eligible and in need of supportive services to participate in WIA activities. Federal Law states that supportive service costs should be **necessary** to enable an individual to participate in activities authorized under WIA Title 1. Eligibility and determination of need for supportive services should be conducted by a case manager, on a case-by-case basis.

GOWD has developed a two-tier cap limiting LWIA expenditures on supportive services. Total supportive services may not exceed \$3,000 per participant per year (365 days after date). There is also a limit on total supportive service expenditures of 25% of each LWIA's funding stream, (i.e. adult, dislocated worker, youth), program year total allocation. Waivers for this policy will be issued by GOWD on a case by case basis. The following policies apply for out-of-school participants enrolled under adult, youth and dislocated worker programs under the Workforce Investment Act (WIA) which include ITA-based type training, and which are served by ARWB Career Resource Centers. Support Services Policies for youth service programs which do not include ITA-based training are under the Youth Program Support Services Section of the Support Policy, and are for youth served by ARWB youth service providers. These ARWB youth service providers include both in-school and out-of-school youth.

**Documentation of Eligibility and Determination of Need for Supportive Services**

Supportive services are available only for WIA eligible participants actively enrolled in ITA based training activities or pre-vocational training activities. Documentation of eligibility will be determined for adults, dislocated workers and youth based on ARWB policy and using the priority of service plan, (if implemented due to funds shortages). Eligibility and determination of need information will be entered into the participant's case file and/or the VOS system – including the download of attachments verifying eligibility.

**Determination of Need**

**Financial/Physical Need:** There must be documentation in the participant's case file and/or the VOS system that participants are incapable of providing these services for them. Documentation may consist of:

Low income verification

Receipt of federal or state public assistance

a) Receipt of UI benefits

b) Lack of employment or underemployment (UI records or separation notice)

c) Documentation of skill upgrading that would lead to employment in a local or state in-demand occupation

Birth certificates of children receiving childcare

Documentation of transportation distance to attend training (for transportation assistance, if available)

**Resource Coordination:** There must be documentation that supportive services are not available from other state or federal grant programs. There must be analysis of all federal/state/local resources available and how they are being coordinated. For example, an ARWB analysis of need form will document the total basis of need considering UI, Pell, Hope etc., or other instances of federal/state/local resources available, to determine how resources are being coordinated.

**Provision of Supportive Services**

ARWB will provide dependent care services and emergency assistance to adult, dislocated worker, and youth participants that qualify for these supportive services.

Support Service Request Form: Each participant requesting supportive services will complete a request for support service form. The WIA career advisor will determine the basis of need and sign off on the justification for the amount of support that is necessary and reasonable to complete WIA activities. This justification will include a projection of the quarterly amounts as well as the total anticipated amount of support services requested. This documentation should be collected and included in the participant's case file and / or the VOS system. WIA career advisors are responsible for tracking payments, to ensure compliance with the \$3,000 limitation. ARC finance will also maintain records to monitor the yearly cap limitations. Yearly child care cost must be projected before training services begin.

Payments will be made directly to participants by the CRCs in the form of a check. Payments are based on receipts from the dependent care provider and include verification of a child's attendance record and verification of class attendance by the participant. Payments will be made monthly and will depend on timely receipt of the above documentation.

All documentation of each supportive payment type and amount must be entered in the VOS system to include the type of support service, amount, date of service, etc. All documentation will be downloaded to the VOS system or maintained in another system or physical case file (participant time sheets, etc.). All supportive information may be updated and complete at the end of each fiscal quarter for all participants receiving support services in the fiscal quarter.

Additionally, documentation for the WIA activity for which support is being provided must be included in the case file and/or scanned into the VOS system. Documentation should include time sheets signed by the instructor/supervisor, proving participation in training services.

### **Dependent Care**

If dependent care is not otherwise available from DFCS, or other funding sources, ARWB may reimburse the cost of care for dependent children under age 6 or adult dependents with documented care needs, up to a maximum of \$70 per week per dependent , excluding late fees. This is available while the participant is enrolled in ITA training or prevocational skills activities, (excluding core and most intensive services). Assistance is available when the individual is scheduled and/or commuting to training activities. Assistance may also be available for children ages 6 through 14 during times when school is not in session. Funds from other sources, such as TANF, may be combined with WIA funds with written approval from the ARWB/ARC staff. In those instances, WIA funds may only be used for those expenses not covered by the other funding source. For participants receiving TANF benefits, service providers must document that the participant is not receiving dependent care benefits from TANF before providing dependent care assistance through WIA.

For each dependent child ages 6 through 14, a maximum of \$45 per week per child may be provided to assist with after school care while a participant attends or commutes to scheduled training activities. A full-time rate of \$70 per week for each dependent child through age 14 may be provided during summer school break.

Participants are encouraged to use licensed dependent care providers whenever possible. If not licensed, the service must be provided by a dependent care provider who cares for children outside of the participant's home. Payments will be made directly to participants, based on receipts from dependent care provider.

ARWB will reimburse up to \$45 per child for a one time registration fee if this fee is customarily charged by the dependent care provider to all clients. No reimbursements will be made for late fees incurred by participants.

### **Emergency Assistance**

Emergency one time assistance up to \$500 per individual for special needs that impact training attendance may be provided on an individual basis. This request must be for assistance necessary to successfully continue training

activities or to enable the individual to accept employment. The requests are made in writing to ARWB on Request for Emergency Funds form. This assistance counts toward the \$3,000 cap on support.

**Support Services not available at this time:**

- Meals and Transportation
- Out-of-Area Job Search Assistance
- Relocation Assistance
- Needs-based payments

**Other Requirements and Policies**

A participant continues to be eligible for support services only as long as he/she is active in the program. Failure to participate fully, without good cause, will result in termination of assistance.

During the assessment period individual needs are identified and a plan is developed and documented in the participant employment development plan for support provided by ARWB, DFCS or other programs. To maximize the support available, ARWB will actively promote coordination with organizations to provide supportive services at no cost to the program or the participant. These services could include assistance in housing, legal problems, financial planning, dental/medical care, mental health, and other areas.

Participants who were laid off but later recalled and are working for their former employer, but are still attending training, are not eligible to receive support assistance.

**Youth Program Support Services**

**Support Services**

Because most ARWB youth service programs are not ITA-based training, (though they may include it), support services have been and will be provided on an individual case-by-case or program-by-program basis, to include different kinds and different levels of support from that of ITA-based training. The eligibility and need will be established and documented by a program career advisor. For individuals, such support must be for a short term (usually no more than one month), and must receive prior ARWB approval. While projected program support for individuals may be customized for a youth service provider program or separate programs (typically during contract negotiations at the beginning of the year), with prior ARWB approval, each instance must meet the individual participant eligibility and need requirement noted above.

**Incentives**

Incentives are allowable for WIA Youth activities. Incentives should be tied to program outcomes and may include cash payments, gas cards, education and/or employment-related materials, participation, test or eligibility fees paid, uniforms or work clothing, etc. They may be provided by youth service providers with prior ARWB approval.

Youth support services must be determined, tracked and documented in a similar manner as those described above with documentation in the VOS system, as described in the "Documentation of Eligibility and Determination of Need for Supportive Services" section.

**WIA REQUEST, PLAN and AGREEMENT FOR CUSTOMERS RECEIVING SUPPORT SERVICES**



**Date:**

**Customer Name:**

**Career Advisor:**

This plan will summarize the Customer’s Support Service plan in conjunction with completion of WIA activities.

1. The customer was determined eligible for services under WIA

- Adult
- Youth (Under age 22 at WIA application) Note Age:
- Dislocated Worker

2. The customer has requested and provided justification for the request (Completion of Documentation of Need Checklist) and is scheduled to receive the following support services:

- Assistance with day care while attending training in the amount of \$70 per week per dependent children under age 6 or adult dependents with documented care needs
- After School Child Care for each dependent child ages 6 through 14, a maximum of \$45 per week per child
- One time Registration Fee (If charged by provider)
- Emergency Support, please describe:

3. For customers scheduled to attend training, please note the following:

Training Provider and Location:

Training/Education Program:

Scheduled Training/Education Start and Completion Dates: From                      To

4. Estimate of Support Costs per quarter

Quarter/Semester					TOTAL
Childcare					\$0.00
Quarter/Semester					TOTAL
Childcare					\$0.00

**CUSTOMER AGREEMENT:**

Additional updates and revisions will occur as needed and will be recorded on the career advisor’s contact form.

I acknowledge that I will be reimbursed for child care/dependent care expenses while enrolled and attending WIA funded training. In regards to this agreement, the definition of dependent care includes anyone who takes care of my dependents outside of my home.

- I understand that I am responsible for establishing dependent care arrangements on my behalf.
- I may also receive reimbursement for a one time registration fee of up to \$45 per child if this charge is customarily assessed by my dependent care provider.
- I agree to inform my career advisor if I receive funds for dependent care from another source in addition to those provided in this agreement. I understand that if this occurs, funds provided under this agreement may only be used for expenses not covered by other funding source.
- I understand that this amount may only supplement my total child care expenses and may not provide a full reimbursement for these expenses.
- I understand that I may only be reimbursed for expenses while I attend scheduled training activities.
- I understand that Day care assistance will be reimbursed according to my class schedule and attendance. Day care reimbursements are not provided for on-line classes.
- I understand that there is a reimbursement limit of \$3000.00 that I can receive per year (365 days after first date of service) and that those funds are limited to funds availability.
- I understand that daycare payments may be disbursed at a prorated amount based on hours of attendance for each week while in training.
- Reimbursements checks will be issued to me. I understand that I will not receive a reimbursement if I do not provide a receipt from the day care provider for these expenses and a WIA Childcare timesheet and a WIA training attendance timesheet.
- I understand that receipts and training and childcare attendance record should be submitted by the 1<sup>st</sup> day of each month to be processed for payment. If received late, payment will not be processed until the following month.
- I understand that receipts/attendance records over one month old may not be reimbursed.
- I understand that payments will be made on a monthly basis, based on my submission of receipts/attendance records.
- I understand that it is my sole responsibility to make payments to the dependent care provider for my expenses and that neither the ARWB Career Resource Centers nor the Atlanta Regional Workforce Board will make this payment on my behalf.
- I understand that no reimbursement will be made for fees charge by the dependent care provider for late payments.
- I am willing to make every effort to follow through on achieving my goals and objectives within the agreed upon time frame.
- I agree to remain employed and to notify my career advisor if I quit or become unemployed within six months of beginning my employment.
- This support service plan has been developed with my cooperation and I have received a copy.

I authorize a copy of this plan to be retained in my participant file and to be shared with other support counselors who may work with me.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

I attest that this support service plan summary has been developed with the assistance of the customer and the information is correct.

\_\_\_\_\_  
Career Advisor's Signature

\_\_\_\_\_  
Date

**ARWB Support Policies (Revised 2/18/2014):**

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## **ARWB DOCUMENTATION OF NEED FOR SUPPORTIVE SERVICES CHECKLIST**

**Instructions: Check box when documentation has been received and uploaded to the VOS system.**

### **Financial/physical Need documentation:**

- Low income verification (Evidence – payroll wage records/ check stubs to verify low income against the low income thresholds.)
- Receipt of federal or state public assistance
- a) Receipt of UI benefits (Evidence - UI notification of benefits)
- b) Lack of employment or under- employment (Evidence -UI records or separation notice)
- c) Documentation of lack of marketable skills (Evidence - separation notice/UI records)
- Birth certificates of children receiving childcare or afterschool care

### **Resource Coordination:**

- Documentation that funds for these services are not available from any other state or federal funding stream/agency. (Evidence - Is funding available from TANF?)
- ARWB Analysis of Need/Cost of Attendance Worksheet

### **Type of Support Requested:**

- Child Care/Dependent Care (complete Support request, plan and agreement)
- Emergency Support (complete Support request, plan and agreement)
- Services provided after training in order to obtain employment (Complete Support Request Plan and Agreement)

\_\_\_\_\_  
Signature, Career Advisor

\_\_\_\_\_  
Date



# WIA CHILDCARE ATTENDANCE RECORD

**ARWB CAREER RESOURCE CENTER**



**SUBMIT WITH TRAINING ATTENDANCE NO LATER THAN 1<sup>ST</sup> OF EACH MONTH**

Participant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Day Care Center: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Director's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Day Care: \_\_\_\_\_ Before/After School: \_\_\_\_\_

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Day Care: \_\_\_\_\_ Before/After School: \_\_\_\_\_

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Day Care: \_\_\_\_\_ Before/After School: \_\_\_\_\_

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Day Care: \_\_\_\_\_ Before/After School: \_\_\_\_\_

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Day Care: \_\_\_\_\_ Before/After School: \_\_\_\_\_

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

**Childcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Staff Approval: \_\_\_\_\_  AF  DW  Youth **Amount Approved: \$** \_\_\_\_\_

# WIA TRAINING ATTENDANCE RECORD

## ARWB CAREER RESOURCE CENTER



**SUBMIT WITH CHILDCARE ATTENDANCE RECORD NO LATER THAN 1<sup>ST</sup> OF EACH MONTH**

Participant Name: \_\_\_\_\_ Dates of Attendance: To: \_\_\_\_\_ From: \_\_\_\_\_  
 Participant Address: \_\_\_\_\_ Phone \_\_\_\_\_  
 Training Site: \_\_\_\_\_ Career Advisor: \_\_\_\_\_

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	TOTAL HOURS	COURSE TITLE / INSTRUCTORS SIGNATURE
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>TOTAL HOURS IN CLASS FOR THE WEEK:</b>					

DAY	DATE	SIGN IN TIME	SIGN OUT TIME	TOTAL HOURS	COURSE TITLE / INSTRUCTORS SIGNATURE
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>TOTAL HOURS IN CLASS FOR THE WEEK:</b>					

**STATEMENT OF UNDERSTANDING:**

I CERTIFY (AND MY INSTRUCTOR CERTIFIES) THAT I HAVE BEEN IN TRAINING, CLASS, OR INTERNSHIP AS INDICATED ABOVE. I ALSO UNDERSTAND THAT FALSIFICATION OF MY RECORDS WILL SUBJECT ME TO TERMINATION FROM THE PROGRAM. FORFEITURE OF FUTURE WIA SUPPORT SERVICES, AND POSSIBLE REPAYMENT OF FUNDS ALREADY SPENT FOR MY TRAINING.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_

Please HOLD check     Please MAIL check

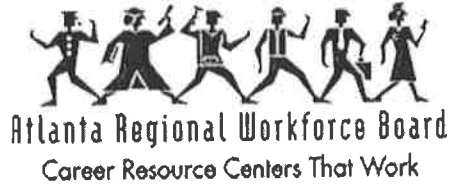
Check Number: \_\_\_\_\_

Check Issuance Date: \_\_\_\_\_

Staff Approval: \_\_\_\_\_

Amount Approval: \_\_\_\_\_

# REQUEST FOR EMERGENCY FUNDS



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

Career Advisor: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

SS (last 4) \_\_\_\_\_ A / DW ( circle one)

Customer's Training Program/School:

Start and anticipated training completion dates:

Request for: (reason and amount)

Documentation and attachments to support request:

Reviewed by:

Comments:

I hereby affirm that the information provided is true .  
I understand that falsified information may disqualify me from the  
WIA program and may be considered justification for dismissal if  
discovered at a later date.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Advisor

ARC Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Payment Type:     \_\_\_ Check  
                          \_\_\_ Credit Card

Payment To: (Customer or Vendor name)