

**ATLANTA REGIONAL WORKFORCE BOARD INSTRUCTION 15-08**

**DATE: August 24, 2015**

**SUBJECT: Emergency Assistance – ARWDB Support Policies Revised**

**PURPOSE:** The purpose of this instruction is to disseminate revised Emergency Assistance Policy and Procedures which assign authority for approval to Career Resource Center Managers.

**REFERENCES:** Workforce Innovation and Opportunity Act sec.3(59) and secs.134(d)(2) and (3) regarding supportive services for Adults and Dislocated Workers and ARWDB Support Services Policies and Procedures.

**BACKGROUND:** ARWDB Emergency Assistance Policies and Procedures are replaced by revised Emergency Assistance Policies and Procedures.

**POLICIES:** ARWDB Support Policies – Emergency Assistance Policies and Procedures

**ACTION REQUIRED:**

- a. All one-stop staff must be familiar with the revised guidelines for Adult and Dislocated Worker career and training services.
- b. All involved staff must read, sign and date the attached signature form.
- c. The Instruction and form should be placed in the Instruction section of ARWDB Policies and Procedures at each one-stop.

**EFFECTIVE DATE: September 1, 2015**



Rob LeBeau, Manager  
Workforce Solutions

**Attachments:** Emergency Assistance Policies and Procedures, Signature Sheet, Emergency Assistance Request Form

**C:** All WS staff, Career Resource Center Staff



## ***Emergency Assistance – Effective – September 1, 2015***

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 the Career Resource Center Manager on the Request for Emergency Funds form. The Career Resource Center Manager will approve/deny the request. Justification for each decision must accompany the package that will be uploaded into each individual's VOS record within 10 days of the decision.

***This assistance counts toward the \$3,000 cap on support per individual.***

Process:

1. Request for Emergency Funds form completed by participant with statement of need, supporting documents and submit to Career Advisor
2. Career Advisor verifies all supporting documents are attached and,
  - a. CA signs and date form
  - b. Submit to Center Manager
3. Career Center Manager will then:
  - a. Date stamp form
  - b. Review supporting documents
  - c. Approve or Deny Request
  - d. Sign and date
  - e. Write brief justification for approval or denial
  - f. Submit copy to ARC
4. Career Center Manager will then notify CA of the approval or denial
5. CA will notify client and upload document to individual's VOS record.

The emergency funds can be provided to individuals on a one time basis, case-by-case need. The individual must be actively enrolled in one of the following WIOA activities:

- a. Training
- b. Work Experience
- c. Job Search ( less than 1 year)

If the request is approved, the activity code **185 - Support Service, Other** must be assigned and the service that was provided must be entered with exact \$ amount. You must then close out the activity. This is to show that the individual's request was approved and processed. Also followed up with a case note in VOS.



# REQUEST FOR EMERGENCY FUNDS



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

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

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

SS# (Last 4) \_\_\_\_\_  Adult  Dislocated Worker

Customer's Training Program/ School:  
\_\_\_\_\_

Start and anticipated training completion dates:  
\_\_\_\_\_

Request for: (reason and amount)  
\_\_\_\_\_  
\_\_\_\_\_

Documentation and attachments to support request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_

Justification for approval or denial:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

Approved:  Yes  No

Date

Payment Type:  Check  Credit Card

Payment to: (Customer or Vendor name)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CRC Manager Signature

\_\_\_\_\_  
Date



# Cost of Attendance/Fund Source Worksheet

Student Name \_\_\_\_\_ Educational Institution \_\_\_\_\_ Dates of Training: From: \_\_\_\_\_ To: \_\_\_\_\_

**This worksheet should be completed and made a part of the Enrollment Agreement and Addendum**

NOTE: All parties agree that the Pell Award will not be applied toward items in the Cost of Attendance which are Totally Covered by Other Payment Sources including WIOA and HOPE

Type of Cost	Cost of Attendance	WIOA Funds To Be Applied	Other Funds Source/Amount	Balance	Period Covered
Tuition and Fees					
Room and Board					
Books					
Supplies					
Transportation					
Miscellaneous					
Dependent Care					
Disability-Related					
HOPE					
Pell					
<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	

As indicated above, the total of WIOA funds is \$ \_\_\_\_\_. The cost identified will be disbursed by vouchers per the Enrollment Agreement and Addendum. Per ARWDB Policy, if it is determined, through an analysis of need, that the total costs of attendance, including living expenses, etc., exceed the amounts available through HOPE and WIOA, the Pell funds may be used for living expenses.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_