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To: WIOA Subrecipients of the Orange County
Development Area

From: Brian Rayburn 
Interim Director

Subject: Supportive Services
Information Notice No. 17-OCDB-04
Supersedes Information Notice 12-OCWDA-01

PURPOSE:

To provide comprehensive service provisions as it pertains to supportive services under the Workforce Innovation and Opportunity Act (WIOA) for Adult, Dislocated Workers, Youth, and Special Programs.

This policy supersedes OCDB Information Notice No. 12-OCWDA-01 Supportive Services Policy and Procedures Issuance of closed Loop Prepaid Value Cards dated October 1, 2012.

EFFECTIVE DATE:

This notice is effective on the date of issuance.

REFERENCES:

- CFR Title 2 Grants and Agreements: Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards Subpart E – Cost Principles, 200.441
- Federal Register 20 CFR Section 680.900-970
- Federal Register/Vol. 81, NO 161 pg. 56336
- Training and Employment Guidance Letter (TEGL) WIOA No. 19-16 Operation and Guidance for the Workforce Innovation and Opportunity Act (March 1, 2017)

BACKGROUND:

The Workforce Innovation and Opportunity Act (WIOA) provides local Workforce Development Boards (WDBs) the discretion to provide supportive services deemed appropriate to participants, who are enrolled in career or training activities, and coincides with participant's Individual Employment Plans (IEP). Moreover, the legislation provides the highest quality supportive services, so that participants are successfully able to complete activities, gain employment, and earn a livable wage. WIOA regulations describe supportive services as "services that are necessary to enable an individual to participate in activities authorized under WIOA.


**ORANGE COUNTY
DEVELOPMENT BOARD**
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It is imperative to understand that, although WIOA gives Local Workforce Development Boards (WDBs) guidelines for supportive services, it also gifts local WDBs with the flexibility to adopt supportive services that positively influence each local area.

Adult and Dislocated Workers

To be eligible for Supportive Services under WIOA, Adult and Dislocated Workers must be unlikely or unable to obtain employment that leads to economic self-sufficiency; need training services to obtain or retain employment that leads to economic self-sufficiency; or lack the skills and qualifications to participate successfully in training services.

Youth/Young Adults

To be eligible to supportive service under WIOA, who categorizes Youth/Young Adults as participants that are both In-School Youth (ISY) and Out-of-School Youth (OSY) perspective participants must meet the required criteria.

Special / Non-WIOA Programs

The Local Area has administrative oversight of several special and non-WIOA-funded programs. All staff shall adhere to the policies and procedures provided herein.

Supportive Services throughout Follow-Up

For 12 months, exited youth/young adult participants are eligible for supportive services to ensure success in employment, postsecondary education, and training.

The types of services provided during the follow-up phase must be “determined based on the needs of the individual.”

Please note, WIOA regulations stipulates that in order for exited participants to receive follow-up supportive services, “the follow-up services must include more than only a contact attempted or made for securing documentation in order to report a performance outcome.” As stated, supportive services provided must correlate with a performance outcome.

Supportive services are not allowed for adults and/or dislocated workers in follow-up.

Disallowed Supportive Services

Supportive services will not be provided for expenses incurred prior to participant’s enrollment in WIOA career services and training. Additionally, the following do not qualify for supportive services:

- Fines, penalties, damages and other settlements
- Entertainment
- Auto loan or mortgage payment
- Alcohol, tobacco or recreational drugs
- Items for family members, friends, or anyone who is not the participant

POLICY AND PROCEDURES:

1. Supportive services may only be provided to enrolled individuals, who are participants in career and/or training services.
2. Supportive services may only be provided to individuals, who are unable to obtain supportive services through other programs that provide such services.
3. Supportive services may only be provided when necessary to enable individuals to participate in career service and/or training activities.
4. Supportive services provided must be reasonable, necessary, and allowable based on established local, State and Federal guidelines and regulations. The attached Supportive Services Matrix (Attachment I) is for internal staff use only and should not be shared with participants.
5. All supportive service payments must be relevant to the results of the objective assessment of each participant's Individual Employment Plan (IEP)/Individual Service Plan (ISP). The need for supportive services must be listed in the participant's IEP/ISP.
6. Supportive services are not entitlements and are subject to funding availability.
7. Supportive services cannot be provided retroactively. All supportive services must be pre-approved as outlined in this policy.
8. Cost of supportive services must demonstrate a direct connection in placement of a Participant in employment activities or education and training programs, which will eventually lead to unsubsidized employment, and assist in building skills needed to succeed in the workplace.
9. Supportive services require the submission of a Supportive Services Request Form (Attachment 2). The form must be completed in its entirety and signed by the participant and applicable program staff. Failure to properly complete the supportive services forms may result in a delay/denial of the request for supportive services.
10. Each request for supportive services must be clearly documented in the case notes. The case note must include the participant's individual needs and how these needs relate to the supportive services request.

“Supportive service assistance for (insert type of supportive service) was requested by (insert participant name). All practical alternatives have been exhausted (name attempted resources) in an effort to obtain these supportive services through other resources. (Insert participant's name) requires this assistance in order to complete (his/her) (insert type of activity). The cost for this supportive service is (insert actual amount). Supportive

service funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in supportive services year-to-date, not including this service.”

11. Appropriate activity code for supportive services shall be entered in CalJOBS, updated throughout the participation in the program, and closed on the actual end date of service. If the Youth/Young Adult participants receive supportive services in the period of follow-up, designated activity codes for follow-up supportive services shall be used and entered in CalJOBS.
12. A copy of the supportive service (card, check, etc.) shall be made and placed in the Participant's file. The participant shall sign and date the copy upon receipt. This copy must be placed in the participant's file.
13. Other (special circumstances) supportive services may be granted on a case-by-case basis only with the approval of the Program Manager. Special circumstances requests may not exceed \$500.00 for a 12 month period.
14. Invoices, statements, and receipts necessary to verify that a supportive service has been provided must be returned to staff. It is the responsibility of the staff that distributed the supportive service to ensure that all support services documentation is collected and added to the participant file.
15. Returned receipts must indicate that the supportive service was used for its intended purpose. For example, the receipts for a \$25.00 grocery card should indicate \$25.00 of appropriate food was purchased. A \$50.00 gas card should display that \$50.00 of gasoline was purchased. If the supportive service was not used for its intended purpose, no additional supportive services will be provided for the participant unless the participant reimburses the difference.
16. Supportive services that have remaining balances must be returned by the participant and tracked by the subrecipient.
17. A Supportive Service Participant Log shall be kept in each participant's file that receives supportive services (Attachment 3).
18. If a Participant receives a supportive service and fails to return the appropriate documentation/receipts, *no additional supportive services will be provided until such receipts are provided.* Supportive services may continue to be provided should the participant return the value of the supportive service in which the receipt was lost.
19. An Affidavit of Lost/Stolen/Destroyed Supportive Services (Attachment 4) must be completed by the participant, if a supportive service is lost or stolen. Any reported lost/stolen supportive service should be immediately recorded.

20. All supportive services shall be tracked for audit purposes on a Supportive Services Master Log (Attachment 5). An inventory of all supportive services will be conducted by a designated staff, who is responsible for the supportive service.

ACTION:

Bring this policy and procedure to the attention of all staff.

INQUIRIES:

If you have any questions regarding this policy, please contact your Contract Administrator at 714-480-6500.

ATTACHMENTS:

Attachment 1: Supportive Services Matrix

Attachment 2: Supportive Services Request Form

Attachment 3: Supportive Services Participant Log

Attachment 4: Affidavit of Lost/Stolen/Destroyed Supportive Services

Attachment 5: Supportive Services Master Log

Supportive Service Matrix

Supportive Service	Maximum Amount (per 12-month period)	Parameters
Academic Materials	\$800	<ul style="list-style-type: none"> • Copy of syllabi that lists required textbooks or supplies. • List of items required for training or by an employer. • Other items necessary for the participant to complete training or to become employed may also be considered. • May include costs associated with shipping & handling. • \$80.00 for parking pass permitted per 12-month period.
Automotive (Repair, tires, insurance, DMV, etc.)	\$2,000	<ul style="list-style-type: none"> • Proof of ownership through current vehicle registration. • Proof of Driver's License. • Two estimates are required per repair not to exceed \$2,000.00. • Multiple repairs per year are allowed; however, total cost of repairs in a 12-month cycle cannot exceed \$2,000.00. • Allocation of funds can be used to obtain a driver's license, identification card, DMV printout, or other services provided at the local DMV. • Maximum amount allotted for insurance is \$200.00. • Maximum amount allotted for DMV is \$200.00. • No funds shall be provided for monthly car payments.
Certificates	\$1,000	<ul style="list-style-type: none"> • Birth/Marriage Certificates • Employment-Related/Professional Certifications • Maintain documentation on attendance/progress in training activities in the participant file.
Childcare	\$2,000	<ul style="list-style-type: none"> • Two quotes required from licensed childcare facilities. • Paid monthly directly to the Provider.

Total cumulative payments to any participant may not exceed \$4,000 in any 12-month period.

Supportive Service Matrix

Supportive Service	Maximum Amount (per 12-month period)	Parameters
Clothing	\$800	<ul style="list-style-type: none"> • Clothes purchased must be reasonable, from a retail store, and of good quality. • May also be purchased with a voucher or other mechanisms established by the subrecipient. • Includes shoes and uniforms. • No clothing shall display inappropriate content. • Mental health, substance abuse.
Counseling	\$500	
Dry Cleaning	\$50	<ul style="list-style-type: none"> • For clothing needed for work or school.
Educational Testing	\$700	<ul style="list-style-type: none"> • Any single or combination service needed to gain employment or obtain a livable wage. • Examples include: Live Scan, GRE, CSET, SAT, etc.
Food	\$800	<ul style="list-style-type: none"> • Groceries purchased at a local market must have receipts that display that the local market information. • Participants should be encouraged to purchase appropriate (healthy) items. • May include Food Boxes or other mechanisms established by the subrecipient.
Health Services	\$1,000	<ul style="list-style-type: none"> • Estimate required for any health service. • Participant may receive more than one health service with written justification, but cumulative may not exceed the maximum amount. • Allowable items include the following: <ul style="list-style-type: none"> ○ Eye exams ○ Drug screenings ○ Hearing exams ○ Dental work ○ Glasses ○ Other health services will be considered on a case-by-case basis.

Total cumulative payments to any participant may not exceed \$4,000 in any 12-month period.

Supportive Service Matrix

Supportive Service	Maximum Amount (per 12-month period)	Parameters
Hotel and Motel Vouchers	\$2,000	<ul style="list-style-type: none"> • May be used to cover nightly rates with participating motels throughout Orange County. • Hotel and Motel prices cannot exceed \$100.00 per night. • If there is a difference in the allotted nightly maximum dollar amount, it may be used for available incidentals or for food purchases at the motel (excluding alcohol and tobacco). • Mortgage payments are NOT permitted.
Housing/Rental Assistance	\$1,000	
Seminar/Workshop	\$200	<ul style="list-style-type: none"> • The seminar or workshop must coincide with target occupation.
Tailor	\$100	<ul style="list-style-type: none"> • To adjust clothes purchased at a local retail store.
Transportation (Bus, Gas Card, or Rideshare)	One 30-Day Bus Pass per Month \$75.00 Gas Card \$75.00 Rideshare	<ul style="list-style-type: none"> • One 30-day bus pass per month; • \$75.00 gas card per month; and • \$75.00 per month for rideshares such as Uber or Lyft. • Rideshares may only be used for interviews, work, or school.
Tools	\$1,000	<ul style="list-style-type: none"> • Must coincide with occupation or trade. • Price of a single tool must not exceed \$250.00.
Utilities	\$500	<ul style="list-style-type: none"> • Approved utilities include the following: <ul style="list-style-type: none"> ○ Electricity ○ Gas ○ Water ○ Internet • No supportive services shall be given for cell phone purchases.
Other	Not to Exceed \$500	<ul style="list-style-type: none"> • Other supportive services that will remove a barrier and positively impact participant will be considered by the Case Manager. • Other supportive services must be approved by a Program Manager.

Total cumulative payments to any participant may not exceed \$4,000 in any 12-month period.

Orange County Development Board		CalJOBS Application Number	
Supportive Services Request Form		Participant Name (Last, First)	
PARTICIPANT INFORMATION (ensure that Participant Information for applicant is complete and up-to-date)			
<input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Special Grant	<input type="checkbox"/> Youth	Address	City
		State/ZIP	Primary Phone
Amount Requested			
RATIONALE FOR SERVICES			
Supportive service assistance for (insert type of supportive service) was requested by (insert participant name). All practical alternatives have been exhausted (name attempted resources) in an effort to obtain these supportive services through other resources. (Insert participant's name) requires this assistance in order to complete (his/her) (insert type of activity). The cost for this supportive service is (insert actual amount). Supportive service funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in supportive services year-to-date, not including this service.			
SUPPORTIVE SERVICE INFORMATION			
Type of Supportive Service			
<input type="checkbox"/> Child/Dependent Care (180/480)	<input type="checkbox"/> Seminar/Workshop Allowance (186)	<input type="checkbox"/> Utilities (190/489/F16)	
<input type="checkbox"/> Transportation Assistance (181/481/F12)	<input type="checkbox"/> Counseling (486 Youth Code only)	<input type="checkbox"/> Educational Testing (191/490/F21)	
<input type="checkbox"/> Medical (182/482/F18)	<input type="checkbox"/> Job Search Allowance (187)	<input type="checkbox"/> Post-Secondary Academic Materials (493 Youth Code only)	
<input type="checkbox"/> Temporary Shelter (184/484)	<input type="checkbox"/> Tools/Clothing (188/487/F13/F14)	<input type="checkbox"/> Dependent Care (F17 Youth Code only)	
<input type="checkbox"/> Other (185/485)	<input type="checkbox"/> Housing Assistance (189/488/F15)	<input type="checkbox"/> Incentives/Bonuses (419/F19 Youth Code only)	
Describe Other (if applicable):			
Were other programs providing such services explored before submitting supportive service request? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is request within the applicable Supportive Services Matrix limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were receipts returned for the last supportive service issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Printed Name of Requesting Staff	Signature of Requesting Staff	Date	
<i>My signature below indicates that I have been informed of and understand the information contained on this form. I understand that I am required to return proper receipts and/or documentation that are requested for the purchases and services that I have received. I understand that, if the required receipts and/or documentation in the amount listed above are not returned, there will be no additional supportive services provided to me. Additionally, I understand that the above mentioned supportive services are solely for the use of myself and my family. All supportive services are only to be used for the intended purpose. Failure to comply with these policies will result in termination of assistance.</i>			
Printed Name of Participant	Signature of Participant	Date	
FOR MANAGER/ACCOUNTING USE ONLY			
Is request reasonable, necessary, and allowable based on established local policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Request Outcome <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Check/Card Number (if applicable)	
Printed Name of Accounting Staff	Signature of Accounting Staff	Date	
Printed Name of Manager	Signature of Manager	Date	

Participant Affidavit of Lost/Stolen/Destroyed Supportive Service

I, _____, hereby declare that a _____
(name of supportive service) with serial number _____ in the
amount of \$ _____ was lost/stolen/destroyed on _____ (date).

I understand that I cannot use the aforementioned supportive service, if it comes into my
possession. If it does, I must immediately return it to _____
(name of issuing office).

The above statement is true and correct. I have been advised and am aware that it is
unlawful to give false information and that I may be prosecuted for perjury, a felony in the
state of California, if the above information is not true.

Participant Print Name

Date

Participant Signature

Witness Print Name

Date

Witness Signature

