

Workforce Innovation and Opportunity Act

Supportive Service Policy & Procedure

No individual in the United States may, on the basis of race, color, religion, sex, national origin, age, [disability,](https://www.law.cornell.edu/definitions/index.php?width=840&amp;height=800&amp;iframe=true&amp;def_id=5814e48524e23b3549a88bcae9486b1d&amp;term_occur=1&amp;term_src=Title%3A29%3ASubtitle%3AA%3APart%3A38%3ASubpart%3AA%3A38.5) or political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship or participation in any WIOA Title I-financially assisted program or activity, be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any WIOA Title I-financially assisted program or activity.



Equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.

Supportive Service Policy & Procedure

# I. PURPOSE:

The purpose of this policy is to provide guidance and establish the Northeast Workforce Development Boards (NEWDB) standards for the issuance and implementation of Supportive Services to eligible participants enrolled in the Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated Worker and Youth programs. This policy is established in accordance with WIOA, the Oklahoma Office of Workforce Development (OOWD), and other applicable State and Federal laws, rules and regulations.

# II. BACKGROUND:

The Workforce Innovation and Opportunity Act (WIOA) provides supportive services program guidelines for WIOA eligible adult and dislocated workers in WIOA Section 3(59) and 134 (d)(2) and (3) and for WIOA eligible youth in WIOA section 129 (c)(se2)(G).

Supportive services are not an entitlement, but are designed to provide participants with the resources necessary to participate in career services and/or and training services, excluding adults and dislocated workers who are in follow up. Supportive services may be made available to adult and dislocated workers participating in WIOA Title I Career Services (excluding follow up career services) or Training Services. While follow up is defined as a service, follow-up as it relates to Adult and Dislocated Worker participants is only provided after these participants have completed training or other career services and/or has exited the WIOA funded program and therefore, they are not considered to be engaged in active participation (TEGL 19-2016).

Youth participants may receive supportive services as an allowable program element during follow-up.

**Legal Use of Federal Funds:** WIOA funds may not be used to help participants or employers to fill positions or provide support for employment that promotes or supports the use, possession or distribution of marijuana.

# III. REFERENCES:

* WIOA Sections 3(59), 134(d)(2), 129(c)(2)(G)
* 20 CFR 680.330, 680.900, 680.910, 680.920, 681.570
* TEGL 19-16
* OWDI #08-2019 Adult and Dislocated Worker 40% Minimum Training Expenditure Rate
* OWDI #07-2020 Adult and Dislocated Worker Programs
* OWDI- #02-2016 Change 2 WIOA Title 1 Youth Program
* 2 CFR 200
* OWDI # 07-2019, Grant Funds to Pay for the Cost of Meals

**IMPORTANT!** This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call Jeremy Frutchey 405.269.2821

**IMPORTANTE!** Este document contiene información sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo para usted. Llame al Jeremy Frutchey 405.269.2821 para pedir asistencia en traducir y entender la información en este documento.

**BABEL NOTICE:** (29CFR 38.9(g)(3)): This document contains vital service information. If English is not your preferred language, please contact:

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*To enable telephone conversation between people with speech or hearing loss and people without speech or hearing loss please call Oklahoma Relay at 711 (*[*http://www.oklahomarelay.com/711.html*](http://www.oklahomarelay.com/711.html)*) or TDD/TTY: 800-722-0353.*

# IV. SUPPORTIVE SERVICES POLICY:

Supportive services are available to eligible individuals enrolled in WIOA Adult, Dislocated Workers and Youth programs WIOA Section 3(59). Supportive services are available to eligible individuals who are:

* Participating in programs with activities authorized under WIOA; and
* Unable to obtain such supportive services through other programs providing such services.

To ensure the highest quality, most comprehensive service provision possible, supportive services funds may be utilized in coordination with career and training services provided by other partner programs and entities jointly responsible for workforce and economic development, educational, and other human resource programs. For example, Title I supportive services funds may be utilized when the cost of training is borne by a workforce partner if the partner entity does not have available funds for supportive services, and the supportive services are not otherwise available from other sources, as per this policy.

When all other avenues have been explored for necessary supportive services, it may also be appropriate for WIOA title I supportive services funds to be coordinated with a partner entity’s supportive services, if the partner indicates their supportive services funding is in danger of depletion prior to the end of the time period for which the funds are intended. This practice will help ensure that neither the local workforce development area nor the community partner exhausts their supportive services funds during their respective periods of funding. The details of this arrangement must be documented in the Combination of Services to Overcome Needs/Barriers section of the IEP, as well as in program notes.

Supportive Services provide participants with the resources necessary to participate in career services and/or and training services and may include assistance with transportation, childcare, dependent care, housing, or needs-related payments (training related only).

Needs-related payments are a type of supportive service which are available to eligible participants only under specific circumstances and only with approval of the NEWDB Executive Director. Needs-related payments are only available to eligible individuals enrolled in training who are unemployed and are not qualified for, or have ceased to qualify for unemployment compensation. It is the preference of the NEWDB to assist eligible individuals enrolled in WIOA training services with other supportive service assistance in lieu of needs-related payments.

The Service Provider is responsible for ensuring adequate assessment and determination of alternative community resources available, making referrals as needed when other services exist, and documenting the referral and detailing the outcome. Likewise, the Service Provider is responsible for documenting the necessity of the use of WIOA funds when other resources are not available. Documentation of the details and the type(s) of supportive services provided to an individual, which entity provided the services, and why the services were necessary for the individual’s participation in career or training services must be documented in the Required Supportive Services During Active Participation section of the virtual IEP and Program Notes.

## Allowable Funds:

The total maximum of allowable supportive service funds for an eligible participant is $3,500. The total maximum may be increased with the approval of the NEWDB Director. The Service Provider is required to submit justification and supporting documentation for an increase prior to the director in order to obtain approval for the increase.

Limitations for **Pell-eligible** training programs: Eligible training providers (ETPs), including community colleges, universities, technology centers, and private training entities may offer both Pell eligible and non-Pell eligible training programs. The Coordination of Training Funds form must indicate whether the training program is Pell-eligible. When the program is Pell-eligible, the combination of training and supportive services cannot be greater than the unmet need listed on the Coordination of Training Funds (COTF) form.

**Non-Pell eligible** training programs, do not calculate unmet need in the same manner as Pell eligible training programs. Eligible training providers (ETPs) offering short term training programs that are not Pell eligible generally document only the direct cost of training (i.e., tuition and mandatory fees, books, equipment, cost of exams and licenses, etc.) on the COTF form. In the event the COTF form indicates the training program is not Pell eligible and the unmet financial need equals the cost of attendance, the service provider may provide supportive services in excess of the amount documented as unmet financial need on the COTF as long as the supportive service(s) is required to allow the client to participate or continue in the approved program of training and is documented as a need in the participant’s IEP.

## Procedure:

A self-inventory of needs is included in the assessment packet and will be reviewed by the case manager for referral to appropriate community partners. If it is determined that no sources of service are available, WIOA funds can be utilized to address the identified supportive service need.

The Service Provider is required to secure service or product agreements as described in this policy. Purchases of allowable supportive services may be completed via:

* Receiving and paying an invoice from a vendor who accepts the Supportive Service Voucher as a Purchase Order in lieu of payment at the time goods were delivered.
* Reimbursement to the participant (following documentation requirements for sections covering reimbursement).
* Direct payment to the provider through the use of a Service Provider’s credit card.
  + For expenses paid with the Service Provider company credit cards NEWDB requires a copy of the following items:
    - All documents required in NEWDB policies to make the purchase, i.e., supportive service documents, procurement documents, etc.
    - Original receipt for the purchase
    - Copy of the credit card transaction on the credit card statement showing the date of the transaction from the credit card statement.
    - Front page of the credit card statement.
    - Copy of the check or ACH payment crediting the monthly statement.

Any purchase methods not defined above requires authorization by NEWDB Executive Director **prior to** their purchase.

## Allowable Supportive Services:

* Childcare/dependent care assistance
* Emergency or short-term/temporary housing assistance
* Utility assistance
* Education/ training/employment related clothing, equipment and/or tools
* Medical equipment and fittings
* Transportation assistance
* Food purchase for Youth
* Licensure/certification fees
* Grooming/hygiene items
* Disability-related services
* Other supportive services

# V. PROCEDURES BY TYPE OF SUPPORTIVE SERVICE:

The WIOA Service Provider is responsible for ensuring the implementation and payment of Supportive Services are conducted in accordance with the procedures outlined in each of the following categories. Each category of supportive service must include all of the general procedures, as outlined later in this policy. Some supportive service categories have specific documentation requirements that must be completed in addition to the general procedures. The supportive service categories are as follows:

## General Procedures:

In order for the Supportive Services to be paid, career managers must provide specific documentation to substantiate the payment and follow general procedures for processing payments/reimbursements. The need for supportive services may be identified during the initial intake or at any time during participation in WIOA Title I programs. The planned action for addressing identified needs, whether provided by the WIOA service provider or arranged through other social service agencies or resources, must be documented in the Individual Employment Plan (IEP)/Individual Service Strategy (ISS) and any modification must follow the procedures outlined in accordance with those policies. The unavailability of other services will be documented using the ***Unavailability of Services*** form. The program notes will reflect information regarding supportive services provided, referrals to other agencies and coordination of services with other agencies. In addition to documentation requirements identified in each Supportive Service category listed below, the following data entry items are required for each Supportive Service request:

* Form: Supportive Service Voucher
* Form: Unavailability of Services
* Form: Customer Goods/Services Procurement
  + Must include validation of costs from the procurement via printouts, screenshots, or vendor quotes, of the quoted items.
* Form: Coordination of Training Funds
  + Required for individuals who are attending training at the time a supportive service is provided if an unmet need is identified.
  + Unmet need is defined as the cost of training not covered by grant assistance, educational entities, foundations, or other workforce partners. Unmet need must be documented on a COTF form, which is completed by the training provider.
  + The cost of training supported by an ITA and the supportive services determined necessary to participate in career services and/or training services, including needs related payments, may not exceed the participants’ unmet need.
  + Participants who receive, through a combination of Supportive Services and Training assistance, and amount of funds that exceed the identified unmet need will have that excess lead to a disallowed cost. Exceptions to this statement apply to ETP’s offering short term training as described above.
* Upload: The forms and related supporting documents identified in this policy must be uploaded into Oklahoma Job Match. When possible, the upload of documents should be completed as one “packet” of documents.
* Program Note: Must identify:
  + the type of supportive service and specific items being provided,
  + the total cost,
  + the date of the service,
  + the funding stream,
  + and the payment method being utilized.
  + Referrals to additional resources must be addressed, as well as coordination or attempts to coordinate resources with other entities. If the partner entity does not have available funds for supportive services, and the supportive services are not otherwise available from other sources, program notes must document that no other resources were available.
  + Training related supportive services must be identified as such in the notes.
* IEP/ISS:
  + When WIOA funds are utilized for supportive services, details of the type(s) of supportive services provided and why the services were necessary for the individual’s participation in career or training services must be documented in the Supportive Service Needs section of the virtual IEP.
  + The participant’s IEP/ISS must identify the supportive service being provided, a statement relating to the necessity of the service, and the service date of provision, amount, etc.
* An Oklahoma Job Match Service & Training Plan entry must be created with the applicable fiscal link budget and payment.

## Childcare/Dependent Care Assistance

In most instances childcare/dependent care assistance is available through the Department of Human Services (DHS) funding. However, situations may arise which prohibit DHS from providing childcare/dependent care assistance. For example: DHS approved childcare providers cannot accept children when they are ill. The service provider may assist with childcare expenses when DHS is unable to provide such services. Each eligible WIOA participant is limited to ten (10) emergency childcare days in a calendar year except in the case of major medical conditions supported by a doctor’s statement.

## Procedure:

When no other arrangements can be made for emergency childcare/dependent care, the WIOA participant may enter into a childcare/dependent care agreement necessitating child of dependent care payment with an individual or entity. The WIOA Service Provider must enter into a Childcare/Dependent Care Agreement with the child/dependent care service provider. Childcare/dependent care payments will be paid directly to the child care service provider or vendor.

In addition to completion of the **Childcare/Dependent Care Agreement**, the WIOA service provider must obtain a completed **Attendance Record** for each child being provided childcare,and **participant timesheet verification** of classroom participation in a training activity or pre-vocational training activity prior to authorization of payment for child/dependent care.

The WIOA Service Provider must provide the following allowance for each hour of documented participation in an allowable activity: At a rate commensurate the Department of Human Services child subsidy rate, which can be found at:

<http://www.okdhs.org/services/cc/Pages/ChildCareBenefits.aspx>

The selection of the childcare service provider is the responsibility of the participant.

## Emergency or Short-Term /Temporary Housing:

WIOA funds may be used to assist participants with emergency or short-term/temporary housing needs, including deposits, when participants do not have adequate housing, cannot pay current and/or back rent or house payment, have a need to relocate or temporary housing is necessary for a participant to attend training. The WIOA Service Provider should limit the payment of rent, housing payments, and/or deposits to one time unless extreme circumstances require emergency assistance. The case manager should use extreme caution when assisting the participant in establishing new permanent residency. The participant must demonstrate the ability to maintain this financial commitment and WIOA career managers must work with the participant to assess financial capacity, which includes budget assessment and the development a plan of action for future payments plan. WIOA funding may not be utilized to pay late fees or penalties. Payment of late fees or penalties will result in a disallowed cost.

## Procedure:

Prior to authorization for payment of Emergency or Short-term/Temporary Housing assistance, the WIOA Service Provider must obtain verification of participant address where assistance is being provided and verification of occupancy of that residence, including as applicable, copy of the lease agreement, mortgage statement, eviction notice, payment book or itemized statement from the landlord specifying the amount of back rent or back mortgage to be paid. Utilities paid as part of a lease agreement must be identified by specific amount as stated on the lease or utility billing statement. Payments will be made directly to the landlord or mortgage company identified on the lease, mortgage or eviction notice.

The WIOA Service Provider must obtain all source or backup documents as necessary to process payment of lease or lease/utilities, mortgage, or eviction notice. In addition to the lease/utility verification, mortgage or eviction notice, the service provider must complete a ***Customer Goods/Services Procurement*** form when establishing new residency.

## Utility Assistance:

WIOA funds may be used to assist participants with the payment of utilities and utility deposits in order to establish utility services and to bring the utility charged current in order to re-establish service. WIOA funding **may not** be utilized to pay late penalties or late fees. Utilities assistance may be necessary to establish, reinstate or retain services. The Service Provider should limit the payment of utilities to one time, unless extreme circumstances require emergency assistance.

## Procedure:

The WIOA Service Provider must obtain all source or backup documents as necessary to process payment utility assistance, such as a billing statement, cut-off notice or a printout obtained directly from the utility company indicating the total amount to be paid. Billing statements, cut-off notices, or printouts must list the participants name and address in order to be paid. Payment is paid directly to the utility company.

## Clothing, Uniforms, Equipment and Tools:

WIOA funds may be used to assist participants with clothing, such as uniforms and business suits, as well as equipment and tools when. Assistance with such items is allowable when required for training or employment purposes, and when no other assistance is available. The clothing allowance is limited to $100, unless justification can be provided that would exceed the limitation amount. The justification for exceeding the $100 limitation must be documented in a detailed program note. Clothing items must be job or training appropriate and the invoice must identify the specified items.

## Procedure:

General procedures must be followed for any items purchased under this category.

# Medical Services:

WIOA funds may be used to assist participants with certain medical services necessary to successfully begin or complete training or skill gain, and/or retain employment. Allowable medical services include, but are not limited to required pre-entry medical exams, shots (including charges for the serum and procedure of giving the shot) related to medical training as well as eye exams and eyeglasses. The medical service must be directly related to gaining a credential or gaining/retaining employment.

## Procedure:

General Procedures must be used when purchasing items under this category. Supporting documents for training or employment related supportive services of this type must include a statement from the employer or training provider identifying that this is a necessary service. During the procurement process, the WIOA case manager should request generic brands when they are available. The combined supportive service assistance total cost for an eye examination, frames, and lenses shall not exceed a total of $300.

## Transportation Assistance:

WIOA funds may be used to assist participants with the travel costs associated with attending occupational skills training, job readiness training employment activities, approved events or activities, WIOA support groups and post-employment training. Types of transportation assistance includes the following:

### Mileage Assistance

Mileage assistance will be based on attendance in training and will be paid monthly. The participant will be reimbursed for travel only for the days he/she can demonstrate time and attendance in one of these activities. Each **Attendance Record** shall be submitted for reimbursement no later than 30 calendar days following the last day of the period (month). Failure to submit each Classroom Attendance Report in a timely manner will result in de-obligation of the remaining mileage reimbursement balance. Mileage will be reimbursed at 50% of the current state mileage reimbursement rate for Oklahoma, (rounded to the nearest $0.01). The current state mileage reimbursement rate for Oklahoma can be found at: [http://www.gsa.gov/portal/content/100715.](http://www.gsa.gov/portal/content/100715)

To calculate the travel distance allowed for participant reimbursement, career managers can use MapQuest, Google Maps or a similar mapping system to calculate the distance traveled beginning from the participants home to the training or activity destination. A copy of the information used to calculate mileage will need to be attached to the appropriate form for reimbursement. WIOA funds cannot be used to buy automobiles for program participants.

Career managers must justify special circumstances that require the additional supportive service (travel reimbursement) and document in the program notes the specific need for this supportive service. Travel reimbursement will be limited to 30 school attendance days. Certain circumstances may require extended days for travel. Any extensions must be approved in advance by the NEWDB Executive director.

Travel reimbursement will not be paid when a participant is receiving a travel stipend from another source. Such payment would be a disallowed cost.

### Public Transportation

When public transportation is necessary and when no other sources of funding are available, the WIOA Service Provider may contract with the transportation service provider for the provision of transportation services for the participant.

### Auto Expenses

A one-time expenditure for each of the following is permissible:

* Vehicle repairs—including documentation of service/parts required to return the vehicle to working condition.
* Vehicle maintenance—including documentation of service/parts necessary to maintain the working condition of the vehicle. Examples include tires, tune-up, battery, oil change and etc.
* Vehicle registration/tags (excluding penalties).
* Current/past due vehicle payment
* WIOA funds may not be used to provide any down payment or loans for a car purchase. Such payment would be a disallowed cost.

### Driver’s License and Insurance

A one-time payment of a Driver’s license fee or vehicle insurance (not more than six months).

Fees assessed by the Department of Public Safety, for the processing the reinstatement of suspended or revoked driving privileges is not part of the fine and is therefore an allowable supportive service expense. Therefore, if resources are not otherwise available, WIOA funds may be used to pay this fee. Additionally, WIOA funds may be utilized to assist the participant to pay for Driver's Education, a Defensive Driver Course, and DUI Class or other such classes necessary to attain or regain a driver's license.

WIOA funds may **not** be used to pay for legal fines/fees. The WIOA career manager should assist the participant in establishing an arrangement with legal authorities for "working off' the fine when possible.

## Procedure:

Participant **Attendance Records** reflecting attendance in a WIOA approved training or activity, or in subsidized employment; and a **Travel Reimbursement Agreement** are required for transportation **Mileage Assistance**.

General Procedures) must be followed for all **Transportation Assistance** items. When assisting with a driver's license fee, participant reimbursement is preferable.

Documentation verifying the monthly payment amount (such as a payment book, payment coupon, or a contract) or a “past due notice” stating monthly the monthly payment must be provided in support of the Supportive Service Voucher in order to pay the current or past due vehicle payment. Verification that the participant owns the vehicle must be provided in order to provide assistance with items listed under “Auto Expenses” (repairs, maintenance, etc.).

## Meal or Food Purchase for Youth:

Because of age, geographical location, safety issues, etc., situations may arise during youth training activities that would require the provision of meals to youth. In such situations, food allowances for Youth attending all day workshops/training can be paid. Key factors to affecting the allowability of such costs include:

* The reasonableness of the cost (i.e., the per-participant cost is not higher than the Per Diem rate for the location of meeting or lowest quote);
* The event duration or timing (e.g., all day or when it is necessary to hold or continue an activity during a normal mealtime);
* Location (e.g., limited access to or limited number of establishments); and
* Quantity of meals or refreshments provided compared to projected attendance (it is recommended to reduce the total number of RSVPs by 10 percent to allow for no shows or cancellations to reduce overage of unused meals).

1. All costs relating to meal or food purchase must be adequately documented in accordance with the following:

* Letter or statement from the WIOA Service Provider documenting need (necessity) for providing a meal;
* Actual attendance in training must be verified;
* A signed **“Attendance Record”** or Stipend Timesheet (see Incentive Policy) will serve as a self-attestation of the expenditure;
* The Service Provider will be required to document the actual cost of meals each day;
* The meal allowance per day shall not exceed $10.00 per participant per day;
* Tips are not an allowable expense;
* Each day's meal will require at least three price quotes; if you know you are going to have 3 workshops in the summer, you may procure from the same vendor to cover the entire timeframe after you receive your 3 price quotes; if you do outings, call ahead and obtain quotes, and
* The cost of each meal must be included in the total supportive services provided to each participant and cannot exceed NEWDB’s total supportive service limit of $3,500 per person.

**Note:** WIOA staff is prohibited from consuming food/meals purchased for Youth Program sponsored events or activities. WIOA staff may pay for their own meals while participating in Youth Program sponsored events or activities. Payment or reimbursement of youth participant meals/food is based on the actual number of participant attendance. Purchase of food in bulk, such as pizza or buffet style meals (unless broken down by individual cost per participant) is strongly discouraged, due to the difficulty in validating/documenting the purchased consumables was served only to participants.

## Licensure/Certification Fees:

WIOA funds may be used to assist participants with fees required for licensing, testing, certification, bonding, finger printing, drug testing and other federal, state or individual employer requirements.

## Procedure:

Participant reimbursement of costs associated with payment of licensure/certification fees is preferable whenever possible. A ***Supportive Service Voucher*** and a copy of the receipt with the participants name and proof of completion are required before reimbursement can be made. Career Managers must follow the “General Procedures”, as described in this policy.

Fees associated with some of the services listed above, particularly those paid to state or federal agencies, must be paid prior to, or upon receipt of the service. Additional documents necessary to reimburse the participant payment, include a copy of the participants application to the particular licensing or testing agency.

Fees associated with the General Education Diploma (GED) test are on a reimbursement basis or may be directly paid with the Service Provider’s Corporate Credit Card. The WIOA Service Provider may reimburse the participant upon completion of each test module. If the participant fails the module, the participant may retest up to two times in the module at the discretion of the case manager. Participants are required to enroll and participate in some form of GED test preparation before retaking the module. If a direct payment with a Service Provider credit card is used, the participants name should be identified in the payment support documents. Other procedures for a Service Provider credit card payment must be followed as listed in Section IV-B, above.

## Disability-Related Services:

WIOA funding can be used to pay for the expenses necessary to assist those with physical or mental disabilities with training or employment. Those services include, but are not limited to, job coaching, work site accommodations, special equipment or tools, modifications to vehicles and care for disabled dependents.

## Procedures:

Career manager must follow the General Procedures, as describe in this policy.

## Other Support Services:

Other support service and job retention needs may be identified during initial assessment, during periodic reviews, or at any time during post-employment. WIOA payment for services not specified in the policies outlined above must be approved in advance by the NEWDB Executive Director.

## Reimbursements:

As indicated in previous sections of this policy, reimbursements are sometimes necessary as a means of addressing a participant’s supportive service need. Documentation requirements for processing reimbursements include providing a receipt, credit card statement, bank statement, or similar transaction history item that includes the participant’s name and the amount of the purchase to be reimbursed. Documentation must support a direct link between the participant and the purchased item. The participant must initial on the support documents and Supportive Service voucher to indicate that the reimbursed items have been received.

# VI. EQUAL OPPORTUNITY AND NONDISCRIMINATION STATEMENT:

All Recipients, and Sub recipients/Sub grantees must comply with WIOA’s Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

# VII. ATTACHMENTS

* Attachment A – Childcare/Dependent Care Agreement
* Attachment B –Attendance Record
* Attachment C – Customer Goods/Services Procurement
* Attachment D – Unavailability of Services
* Attachment E – Travel Reimbursement Agreement
* Attachment F – Supportive Service Voucher

# VIII. POLICY ADDITIONS AND CLARIFICATIONS:

The NEWDB Executive Director is authorized to issue additional instructions, guidance, approvals, forms, etc. to further implement the requirements of this policy.

**Approved by:**

**Executive Committee on 2/11/2021**

**Ratified by:**

**Northeast Workforce Development Board on 5/12/2021**

**CHILDCARE/DEPENENT CARE AGREEMENT**

Between WIOA Service Provider and Vendor as identified below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Northeast Workforce Development Board Service  Provider/Payor: | | Dependent Care Provider: | | |
| Company Name |  | Payee Name: |  | |
| Billing Address |  | Payment Address |  | |
| Billing City, State, Zip |  | Payment City, State, Zip |  | |
| Contact Person |  | Payment Contact Person |  | |
| Contact Number |  | Payment Contact Number | |  |

NEWDB’s above listed service provider agrees to pay the above “Dependent Care Provider”, a licensed childcare provider, for providing childcare service for the following children of:

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name:** |  | **Participant ID** |  |
| **Dependent(s) Name** | | **Dependent(s) Age** | |
| **1.** | |  | |
| **2.** | |  | |
| **3.** | |  | |
| **4.** | |  | |
| **5.** | |  | |
| **6.** | |  | |

**Standard rates commensurate with DHS subsidy apply. Rates available at:**

<http://www.okdhs.org/services/cc/Pages/ChildCareBenefits.aspx>

The Dependent Care Provider agrees to send a completed ***Attendance Record***(Attachment B) for each of the children listed above on the last day of each month in order to receive payment for childcare services. The ***Attendance Record***must be completed and signed in ink by the participant and by the authorized service provider representative. Whiteout may not be used. Payments will be made out to the Payee as listed above.

This agreement is subject to availability of funds and to budget limitations. Either party may terminate this agreement at any time upon a 30-day written notification of such termination of the agreement.

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Service Provider Name & Title Dependent Care Name & Title

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

Service Provider Signature Date Dependent Care Provider Signature Date

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attendance Record** | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  |  |  |  |
| **Training or Childcare Provider:** | | |  |  |  | |  | |  | **For the Month of:** | | |
|  | | |  |  |  | |  | |  |  | | |
|  |  |  |  |  |  | |  | |  |  |  |  |
| **Participant Name:** | |  | | | |  | | |  |  |  |  |
| **Participant ID:** | |  | | | |  | | |  |  |  |  |
|  |  |  |  |  |  | |  | |  |  |  |  |
| **Date** | **Client Initials** | **Instructor Initials** |  | **Date** | **Client Initials** | | **Instructor Initials** | |  | **Date** | **Client Initials** | **Instructor Initials** |
| 1 |  |  |  | 11 |  | |  | |  | 21 |  |  |
| 2 |  |  |  | 12 |  | |  | |  | 22 |  |  |
| 3 |  |  |  | 13 |  | |  | |  | 23 |  |  |
| 4 |  |  |  | 14 |  | |  | |  | 24 |  |  |
| 5 |  |  |  | 15 |  | |  | |  | 25 |  |  |
| 6 |  |  |  | 16 |  | |  | |  | 26 |  |  |
| 7 |  |  |  | 17 |  | |  | |  | 27 |  |  |
| 8 |  |  |  | 18 |  | |  | |  | 28 |  |  |
| 9 |  |  |  | 19 |  | |  | |  | 29 |  |  |
| 10 |  |  |  | 20 |  | |  | |  | 30 |  |  |
|  |  |  |  |  |  | |  | |  | 31 |  |  |
| **Attendee or Child’s Name (if different than participant):** | | | | |  | |  | |  |  |  |  |
|  | | | | |  | |  | |  |  |  |  |
|  |  |  |  |  |  | |  | |  |  |  |  |
| Type of Attendance Report (Mileage, Childcare, Education: | | | | | |  | | |  |  |  |  |
| **Instructions:** | | | | | | | | | | | | |
| 1. Complete and sign in ink. | | | | | | | | | | | | |
| 2. Do not use whiteout | | | | | | | | | | | | |
| 3. The Participant and Provider must initial each day of attendance to be eligible for reimbursement/payment on the identified days. | | | | | | | | | | | | |
| 4. Bring the original to your case manager, or mail to: | | | | |  | | | | | | | |
| Note: For faster processing of your reimbursement/payment, email a copy of this report to: | | | | | | | |  | | | | |
| 5. Service Provider must maintain a copy of this record for at least three years in the event local, State, or Federal staff monitor this agreement. | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  |  |  |  |
| I certify that the information recorded on this attendance record is correct to the best of my knowledge. I understand that any false statement on my part, including the filing of erroneous claims, may result in my prosecution for fraud. | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  |  |  |  |
|  | | | | |  | |  | | | | | |
| Participant Signature | | | | |  | | Provider Signature | | | | | |
|  |  |  |  |  |  | |  | |  |  |  |  |

**CUSTOMER GOODS/SERVICES PROCUREMENT**

**Customer Name:**       **PID:**       **County:**       **Program**:

**Competitive Quote:**

**Item to be purchased (description):**

**(Minimum of three quotes)**

Vendor:       Cost:

Address:       Contact:

Vendor:       Cost:

Address:       Contact:

Vendor:       Cost:

Address:       Contact:

**Vendor Selected:**       Cost:

**Sole Source:**

After attempting to do Competitive Quotes, only one source was available for the needed item (ex: utilities, car tags, rural area with limited-service providers)

**Rationale:**

UNAVAILABILITY OF SERVICES

Participant Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant ID #: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identified Support Service Need:

1. Resources other than WIOA are currently unavailable because:

1. Source of information in Section B:

Name of Agency:

Agency Representative:

Phone Number:       Date Information Received:

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

Print WIOA Service Provider Staff Name WIOA Service Provider Staff Signature Date

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

Participant Signature Date

**TRAVEL REIMBURSEMENT AGREEMENT**

|  |  |  |
| --- | --- | --- |
| Between WIOA Service Provider | And | Participant |
|  | Name |  |
|  | Address |  |
|  | City, State, Zip |  |

The Northeast Workforce Development Boards Service Provider, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agrees to reimburse the above-named Participant for **Previously Approved Activities** associated with attending: occupational skills training, job readiness training employment activities, approved events or activities, WIOA support groups and post-employment training.

|  |  |  |  |
| --- | --- | --- | --- |
| Participants Home/Starting Address: |  | | |
| Ending Address: |  | | |
| Round Trip miles: |  | State Mileage Rate: |  |
| Source Document for Miles: |  | 50% of State Mileage Rate: |  |
| Number of Training Days to be reimbursed: |  | Max Allowable Reimbursement: |  |
| # Round Trip Miles x # Training Days x Reimbursement Rate | | | |

The Participant agrees to submit an itemized receipt or attendance record for the above listed items/services to:

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

This agreement is subject to funds availability and budget limitations.

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

Participant Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Staff Signature:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Local Approver’s Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Corporate Approval Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supportive Services Voucher**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant Name: |  | Participant Funding Stream: | | |  |
| OKJM Participant ID |  |  | | |  |
| Is participant in training at time of service? | |  | | | |
| If yes, does Training + Supportive Service exceed unmet need? | |  | | | |
|  | | | | | |
| Northeast Workforce Development Board Service  Provider/Payor: | | | Vendor/Payee Information:  Note: Identify participant information if this is a reimbursement. | | |
| Company Name |  | | Vendor Name: |  | |
| Billing Address |  | | Payment Address |  | |
| Billing City, State, Zip |  | | Payment City, State, Zip |  | |
| Contact Person |  | | Payment Contact Person |  | |
| Contact Number |  | | Payment Contact Number | |  |

The Northeast Workforce Development Board's Service Provider identified above, agrees to pay for the following items and quantities at the identified cost amounts. The Service Provider will make payment to the identified Vendor/Payee at purchase or upon receipt of the items, as coordinated between the Service Provider and the Vendor. The Vendor/Payee, upon acceptance of this voucher, agrees to provide goods at the identified costs utilizing the payment method identified in this voucher. **Voucher is only valid with all signatures.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items to be purchased: | | | | | |
| Quantity: | Item Description | | Cost Per  Item | Total Cost | Client Initial for receipt  of item. |
|  |  | |  | $0.00 |  |
|  |  | |  | $0.00 |  |
|  |  | |  | $0.00 |  |
|  |  | |  | $0.00 |  |
|  |  | |  | $0.00 |  |
| 1 | Taxes | |  | $0.00 |  |
| Payment Method: | |  | | $0.00 | Total Approved Cost |

Special and/or Billing Instructions:

Case Manager Signature Participant Signature

Local Approvers Signature & Title Corporate Approval Signature & Title