

Broome- Tioga Workforce NY Supportive Services for Adult/Dislocated Worker

This policy applies to all enrolled WIOA Adult and Dislocated workers

Customers are covered under the Broome-Tioga WDB as being eligible for supportive services to ensure, to the extent possible, that similarly situated participants receive similar supportive services. The provision of such services to applicants and participants shall be based upon a thorough review of the individual's needs.

Participation in WIOA shall not be construed to provide an individual with an entitlement to supportive services. Support Service funds are not guaranteed as they are based on the availability of program funds.

Supportive Services available: per 20 CFR 680.900 Supportive services means services that are necessary to enable an individual to participate in activities authorized under WIOA. These services may include, but are not limited to, the following:

- (1) Linkages to community services;
- (2) Assistance with transportation;
- (3) Assistance with child care and dependent care;
- (4) Assistance with housing;
- (5) Needs-related payments; Needs-related payments provide financial assistance to participants for the purpose of enabling them to participate in training. Unlike other supportive services, in order to qualify for needs-related payments a participant must be enrolled in training
- (6) Assistance with educational testing;
- (7) Reasonable accommodations for individuals with disabilities;
- (8) Referrals to health care;
- (9) Assistance with uniforms or other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye gear;
- (10) Payments and fees for employment and training-related applications, tests, and certifications.

NOTE: in the event that other funding such as private or public funding from other sources, or separate competitive grant awards from WIOA funds is secured to provide supportive services, the list of available Supportive Services may be expanded based on the specific grant/funding source guidelines.

Duplication: WIOA funds will not be spent on supportive services for an adult/DW who is receiving the same supportive services from another program or agency.

Definition: Supportive services are defined at WIOA Sections 3(59). They include services such as transportation, childcare, dependent care, housing, and needs-related payments, that are necessary to enable an individual to participate in activities authorized under WIOA. (134 (d)(1)(B)(2) and (129 (c)(2) G)

Customers receiving initial assessment with counselors will be made aware of supportive services. If the Center is unable to provide those supportive services, the customer will be referred to community resources, local and state agencies, and other programs for possible assistance.

Supportive Services are not intended to meet every need of the participant. They provide temporary assistance. Staff should assist the participant in developing a plan to cover the supported costs once WIOA funds are no longer appropriate for the individual.

Supportive Services Funds: This applies to each individual Career Center- Broome Career Center and Tioga Career Center and for each program year. Each Career Center can determine if and how much funding can be used from the PY allocation funds for Supportive Services.

Maximum amounts to total funds available during the program year will be determined by each Career Center based on the availability of program funds.

Due to location, funding availability, services costs, and services available (i.e public transportation), Career Centers may set limits to amounts and duration of supportive services within the parameters established within this policy.

Duration: These supportive services are limited to one consecutive enrollment in WIOA and dependent on available funding.

Individual Caps: No more than \$1,000 will be expended per individual Adult/Dislocated Worker in WIOA supportive service

Exceptions: can be made in the event that that non-WIOA funding is secured to provide supportive services or funding is under separate competitive WIOA or Non-WIOA grants. Customers eligible to receive these services, allocated funds for services, individual caps, and types of supportive services provided under these other private or public funding sources or grant awards will be determined by each individual funding/grant provisions

End of Program Year: Any unexpended supportive services funds as of June 30th of the current program year will revert to regular programming funds and be available for other expenditures under Adult/DW

1. Supportive Services

Supportive services may only be provided to Adult/Dislocated Workers who:

- Are participating in WIOA enrolled services; and who are unable to obtain such supportive services through other programs providing such services and can't receive supportive

services through referrals to partner agencies and other community service providers (e.g, ACCES-VR). (Att A)

Career Centers should refer to the various reference guides of community organizations and local, state, and regional agencies lists for programs and agencies that can assist in provision of supportive services. And when feasible, utilize these programs and agencies in the provision of supportive services.

- **Transportation:** Gas cards and bus passes may be given to Adults/Dislocated Workers to assist in those customers being able to participate in training programs or employment only.(Att B)

Maximum funds: services provided under transportation support will not exceed \$500 per customer or other amount decided on a case-by-case basis upon discussion with Workforce Career Center Director/Manager in the county where need is identified.

If “In-Demand” occupational training is not available in the county of the applicant, transportation funds can be provided to obtain such training in an amount to be determined by the Director

Gas cards/ bus passes are to be utilized as a supplement to overall transportation costs, not to totally subsidize all transportation costs of the customer. Customer is to understand that this is a supplement to assist with transportation costs.

- b) Training provider signed attendance sheets are required as supporting documentation
 - c) Customer must return gas receipt after using the gas card. **No** additional cards will be issued if the customer does not return the receipt (which will include the gas card # on the receipt). This is to ensure that the customer is not ‘selling card for cash’.
 - d) Customers who become employed may receive gas cards/ bus pass until their first paycheck or 2 weeks of full time employment (5 days a week), whichever comes first. Employment and pay schedule will be verified with employer.
- **Transportation Related Costs:** to include but not limited to, auto repairs, insurance, registration, permit and license (Att C)
 - a) **Repairs:** will only be considered if the customer can justify that this is the least costly method to provide transportation
 - Customers must possess a valid driver’s license
 - Provide proof of ownership of the vehicle
 - Repairs must be completed at a State Certified Repair Shop

- Invoice/Estimate must be approved PRIOR to repairs being completed
 - Maximum allowance for repairs will be determined by funding source utilized
- b) **Auto Insurance:** will only be considered if the customer can justify that this is the least costly method to provide transportation.
- Customers must possess a valid driver's license
 - Provide proof of ownership of the vehicle
 - Must provide 3 insurance estimates in their name for liability coverage only
 - Maximum allowance for insurance will be determined by funding source utilized
- c) **Registration, Permit, License:** costs will be determined by NYS Dept of Motor Vehicles and are payable up to an amount allowed under funding source utilized
- **Child Care:** Child care must be provided by a State registered child care provider (Att C) Maximum allowance for child care will be determined by funding source utilized
 - **Housing:** Housing assistance provided to participants allows participants to maintain or obtain adequate or temporary shelter while participating in WIOA services.
 - WIOA may not pay for rental security deposits or mortgage payments.
 - Participants should be referred to community housing assistance programs if applicable.
 - WIOA funding does not duplicate housing assistance from another source
 - Maximum allowance for housing assistance will be determined by the funding source utilized

Needs-related payments: Per 20 CFR 680.940 & 680.950-Eligibility for needs related payments differ than other supportive services

- Adults must:
 - (a) Be unemployed;
 - (b) Not qualify for, or have ceased qualifying for, unemployment compensation; and
 - (c) Be enrolled in a program of training services under WIOA sec. 134(c)(3).
- Dislocated Workers must:
 - (a) Be unemployed, **and**:
 - (1) Have ceased to qualify for unemployment compensation or trade readjustment allowance under TAA; **and**
 - (2) Be enrolled in a program of training services under WIOA sec. 134(c)(3) by the end of the 13th week after the most recent layoff that resulted in a determination of the worker's eligibility as a dislocated worker, or, if later, by the end of the 8th week after the worker is informed that a short-term layoff will exceed 6 months; **or**

(b) Be unemployed and did not qualify for unemployment compensation or trade readjustment assistance under TAA and be enrolled in a program of training services under WIOA sec. 134(c)(3).

Changes/Updates: any supportive services identified that are not covered in this current policy, must be approved by the Workforce Career Center Director/Manager in the county where need is identified. Prior to approval by the Workforce Career Center Director/Manager of county Center, that administrator should consult with the other county Workforce Career Center Director/Manager, and WBD director and/or NYS to determine need and ascertain if such costs can fall under supportive services. The Supportive Service policy will then be revised to include the new need/costs and presented at the next board meeting for approval

Adult Supportive Services Assessment

(To be used to document initial eligibility for Supportive Services)

Customer Name: _____ OSOS NY# _____

Supportive Services:

_____ Gas Card/Bus Pass _____ Car Repair _____ Car Insurance
_____ Driver Permit/License _____ Car Registration _____ Housing
_____ Child Care _____ Other: _____

1. Are you employed? _____ Yes _____ No
2. If employed, name of employer: _____
Address: _____
Start date: _____ Job Title: _____
3. If employed, have you received notice of layoff? _____ Yes _____ No
4. Are you receiving Unemployment Benefits or Trade Act Readjustment (TRA) _____ Yes _____ No
5. Have you exhausted Unemployment Benefits? _____ Yes _____ No
6. Are you currently a member of a household that is receiving TANF (Temporary Assistance to Needy Families), Safety Net, or SNAP benefits _____ Yes _____ No
If yes: _____
7. Are you in training? _____ Yes _____ No
if yes, training provider: _____
Course of Study: _____
Start date: _____ Anticipated end date: _____
Anticipated certification/degree/license: _____
If yes: _____
8. What other resources are available to you in order to support your basic living needs while in training? Other resources include but not limited to: severance pay, spouse's income, rent subsidies, pensions, disability payments, free housing with friend or relative and other financial support:

All answers and statements are true and complete to the best of my knowledge. I understand that untruthful or misleading answers may cause my determination for Supportive Services to be rejected or any payments made to be returned

Customer Signature

Date

Workforce Staff Signature

Date

☐ Eligible ☐ Not Eligible

Att B

BROOME-TIOGA WORKFORCE NY

(ADDRESS)

(PHONE)

TRANSPORTATION- GAS CARDS/BUS PASS

CUSTOMER NAME _____

OSOS NY#: _____

I have reviewed the Supportive Service policy with WIOA staff and was informed of the terms and conditions.

I understand that, transportation services are dependent upon availability of funding, and :

___ This is to assist with transportation costs, not to totally subsidize the cost of transportation while participating in WIOA programing

___ The bus passes/ gas cards are to assist with transportation to and from training or if obtain employment, until I receive my first paycheck from employment.

___ The distribution of bus passes/ gas cards are dependent on my attendance in training

___ Attendance will be verified by WIOA Program Staff

___ I will be required to sign for bus pass/ gas cards

___ I must turn in gas receipt (which has gas card # on it) in order to receive another gas card

If in training:

Training Dates: _____ to _____

Training Provider: _____

Customer Signature

Date

Staff Signature

Date

[illegible]

--	--	--	--	--

Att C

BROOME-TIOGA WORKFORCE NY

(ADDRESS)

(PHONE)

Adult Transportation Related Costs

(To be completed for repairs, registration, permits/license)

Customer Name: _____ OSOS NY# _____

_____ **Repairs:** will only be considered if the customer can justify that this is the least costly method to provide transportation

_____ Customer provided proof of a valid driver's license

_____ Customer provided proof of ownership of the vehicle

_____ Name of State Certified Repair Shop: _____

_____ Estimate/Invoice amount: \$ _____

- Maximum allowance for repairs will be determined by funding source utilized

_____ **Auto Insurance:** will only be considered if the customer can justify that this is the least costly method to provide transportation.

_____ Customer provided proof of a valid driver's license

_____ Customer provided proof of ownership of the vehicle

_____ Customer provided insurance estimates in their name for liability coverage only

- Maximum allowance for insurance will be determined by funding source utilized

_____ **Registration, Permit, License:** costs will be determined by NYS Dept of Motor Vehicles and are payable up to an amount allowed under funding source utilized

_____ Registration must be in customer's name

_____ Driver Permit

_____ Driver's License: Type: _____

_____ Other: _____

- _____
- Maximum allowance will be determined by funding source utilized

Workforce Staff Signature

Date

_____ Approved

_____ Not Approved

Att D

BROOME-TIOGA WORKFORCE NY

(ADDRESS)

(PHONE)

CHILD CARE REIMBURSEMENT REQUEST

Customer's Name: _____
(Please Print)

Child's Name: _____
(Please Print)

DATE	TIME PERIOD	# OF HOURS

I hereby certify that the above cited child care services rendered for the above-named child are true and correct

Child Care Provider Signature

Date

Customer's Signature

Date

Workforce Staff Signature

Date