

# **THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA**

## **PROCEDURES FOR SUPPORTIVE SERVICES to WIOA ADULT and DISLOCATED WORKER PROGRAMS**

Revision Date: July 1, 2015

## **THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA PROCEDURES FOR SUPPORTIVE SERVICES**

### **I. Scope and Purpose**

This procedure provides direction for the customers, staff, and service providers and implements the MPWDA's policy on supportive services.

### **II. Documentation for Supportive Service Needs**

- The MPWDA's "Determination of Supportive Service Needs" form shall be completed every time a WIOA Title I participant needs supportive services which cannot be provided by another federal, state, or local source.
- WIN Job Center staff must provide case notes in participant's file of potential resource referrals made to participants to document coordination of available resources.
- The area's Priority of Services must be used to determine eligibility for supportive services for adults, if there is a waiting list for those services as determined by the one-stop operator.
- The individual determination of financial assistance and the amount of such assistance shall be based upon the results of the MPWDA "Determination of Supportive Services Needs" form in conjunction with the "Mississippi Partnership Priority of Service Rating Sheet." These forms must be completed and filed with the adult or dislocated worker participant's IEP.

### **III. Documentation for Supportive Service Payments**

The MPWDA's "Weekly Request for Supportive Services" form shall be completed to justify the amount of each and every supportive services payment.

#### **A. Transportation**

A signed statement from the WIOA customer and the WIOA counselor stating that the individual is unable to participant in WIOA or partner activities without transportation assistance must be attached to the "Weekly Request for Supportive Services" form. This statement must also include the stipulation that the customer must provide attendance documentation from the instructor in order to continue receiving transportation assistance.

Attendance documentation from the instructor providing a skills upgrade class, ABE services, training, or other appropriate WIOA activities must be obtained after the initial \$30 gas card is received by the participant.

#### **B. Child-Care Payments**

In order for a WIOA participant to qualify for child care assistance, the case manager must have documentation showing that the participant attempted to receive such services through other programs such as, but not limited to, TANF.

Attendance documentation from the instructor providing a skills upgrade class, ABE services, training, or other appropriate WIOA activities.

C. Work-Related Items

Case notes must document the type of work-related items needed.

- For payment to be made to the customer, the customer must submit a receipt showing what items were purchased and the amount of the items.

OR

- The work-related items may be purchased by the one-stop operator or by the use of vouchers. Documentation that the customer actually received the items must be attached.

D. Testing Fees

Case notes must document the testing fees needed.

Testing fees should be paid by the One-Stop Operator to the entity administering the test.

E. Other Supportive Services

Written approval from the fiscal agent must be attached to the Weekly Request for Supportive Services along with any other required documentation stated by the fiscal agent.

IV. Monitoring

- All forms and signatures must be completed in ink, not pencil.
- Supportive service payments/reimbursements must be paid from funds in the program year they were incurred.
- Each One-Stop Operator must establish a procedure for reconciling pre-purchased Gas Cards supportive services. This reconciliation must occur at least monthly, with the documentation maintained at the site and made available during monitoring reviews.

V. Effective Date

This procedure is revised effective July 1, 2015.

**THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA  
DETERMINATION OF SUPPORTIVE SERVICE NEEDS**

*This form will consider your income level and other factors to determine your need for supportive services while participating in the WIOA program.*

**SECTION I – PERSONAL INFORMATION**

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

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_

**SECTION II – ELIGIBILITY FACTORS**

Mark "yes" or "no" to each of the questions below. Indicate which types of services/payments the applicant is receiving or is eligible to receive from other sources, such as TANF.

1. Is the applicant receiving unemployment insurance benefits or trade adjustment allowances? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is the applicant employed, either full-time or part-time? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Is or has the applicant been enrolled in WIOA? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Does the applicant have dependent children under the age of 6? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate if the applicant is eligible to receive or is receiving the following from another source:

- a. Transportation services/payments? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, indicate source \_\_\_\_\_
- b. Child Care/payments? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, indicate source \_\_\_\_\_

**SECTION III – WIOA SUPPORTIVE SERVICES ELIGIBILITY**

Indicate each of the types of supportive services the applicant is eligible form.

1. Transportation Payments \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, indicate # of miles round trip: \_\_\_\_\_
2. Child Care Payments \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, indicate # of children under 6: \_\_\_\_\_
3. Work-Related Tools & Clothing \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Testing Fees \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Workshop/Short-Term Training Fees \_\_\_\_\_ Yes \_\_\_\_\_ No
6. ITA End-of-Semester Support Payment \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Other (specify): \_\_\_\_\_ Yes \_\_\_\_\_ No

**SECTION IV – CERTIFICATION**

I understand that if I am accepted and enrolled into a WIOA Title I activity or program, I may receive payments for child care, transportation, meals, work-related tools & clothing, testing fees, and other one-time expenses necessary for my participation into the program. I also understand that I will not receive supportive services if I am receiving, or am eligible to receive, such payments from another source. I agree to notify my counselor in the event that any change occurs that would affect by eligibility for these payments.

I certify that the information provided is true and correct. I understand that falsification of information may subject me to prosecution for fraud/perjury under the law and/or repayment of all funds. I further authorize this information to be verified at the discretion of the workforce development area.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA  
DETERMINATION OF SUPPORTIVE SERVICE NEEDS  
INSTRUCTIONS**

This form should be completed for each WIOA adult, dislocated worker, youth, or NEG participant who receives supportive services. This form should also be updated periodically. The counselor should keep a copy of the completed form in the applicant's file, as well as any periodic updated forms.

Contact the Fiscal Agent Staff at 662-489-2415 if there are further questions about supportive services.

**SECTION I – PERSONAL INFORMATION**

Indicate the date on which the supportive services eligibility was determined. Complete the information for the applicant's name, social security number, and mailing address.

**SECTION II – ELIGIBILITY FACTORS**

Indicate the applicant's situation for each of the five items. Place an "x" by either "Yes" or "No" to indicate the correct answer for each question. For question 5, if the applicant receives, or is eligible to receive, the services from another funding source, write in the blank what program provides the services. Examples for "other sources" include but are not limited to TANF.

**SECTION III – WIOA SUPPORTIVE SERVICES ELIGIBILITY**

Indicate if the applicant is eligible to receive either: (1) Transportation Payments, (2) Child Care Payments, (3) Work-Related Tools & Clothing, (4) Testing Fees, (5) Workshop/Testing Fees, (6) ITA End-of-Semester Support Payment, (6) Other one-time expenses necessary to ensure the applicant's continuation in WIOA activities. Any supporting documentation must be attached to this form.

**SECTION IV – CERTIFICATION**

Prior to the applicant and counselor's signatures, the counselor should make sure that the applicant has read and understands the two paragraphs under this section. If necessary, the counselor should read aloud the section to ensure that the applicant fully comprehends the statements. The applicant and the counselor must both sign and date the appropriate blanks.

**THE MISSISSIPPI PARTNERSHIP LOCAL WORKFORCE DEVELOPMENT AREA  
WEEKLY REQUEST FOR SUPPORTIVE SERVICES**

1. Name	2. SSN	3. Training Project #
4. Indicate participant's status <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> NEG		
5. Indicate the type of payment (check all that apply) <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Work Related Items <input type="checkbox"/> Testing Fees <input type="checkbox"/> Workshop/Short-Term Training Fees <input type="checkbox"/> ITA End-of-Semester Support Payment <input type="checkbox"/> Other		
6. Week Ending Date:		7. Exit Date, if applicable:
<b>Questions 8-10 are only applicable to those individuals enrolled in training</b>		
8. Name & Address of Training Facility:		
9. During the above mentioned training week, did the trainee work for paid wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.		
10. Is the trainee eligible to receive unemployment compensation or TAA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Briefly describe any "other" supportive service payments and why the payment is needed.		

**Participant's Certification:**

By signing this form, I agree that all information contained herein is true. This information is given to support my request for supportive services. I authorize my counselor to verify any information contained on this form, and I understand that any misstatements made to obtain payments or benefits to which I am not entitled may subject me to penalties and prosecution. I further understand that if I become employed, I am to notify the counselor immediately.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by instructor or WIN Job Center Counselor

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Instructor's Initials							
Participant's Initial							

Attendance Record – P: Present, A: Absent, H: Holiday

**Instructor's or Counselor's Certification:**

The above answers are in accordance with our records. Any statements by the trainee are complete and correct to the best of my knowledge.

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

M. W, F Instructor's or Counselor's Signature

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

Tuesday, Thursday Instructor's or Counselor's Signature

**OFFICE USE ONLY**

Amount of  
Check: \$ \_\_\_\_\_

*Necessary Documentation must  
be attached to this form.*

**THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA  
WEEKLY REQUEST FOR SUPPORTIVE SERVICES  
INSTRUCTIONS**

These instructions are meant to serve as a guideline for completion of the Weekly Request for Supportive Services form. One of these forms must be submitted each week for each participant who is requesting benefits. No payments may be made to individuals in the absence of this form.

1. Enter the participant's name as it appears on his/her intake form.
2. Enter the participant's social security number.
3. Enter the training project number if the individual is in training. Otherwise indicate "N/A".
4. Indicate whether the participant is registered in the adult, dislocated worker, or NEG program.
5. Check the appropriate items to indicate if the participant is to receive transportation payments, child care payments, work-related tools and clothing, workshop/testing fees, ITA end-of-semester support payment, or an "other" supportive services. If "other" is marked, written approval from the fiscal agent must be attached to this form.
6. The ending date of the week for which payment is requested must be a Friday.
7. Enter the participant's exit date if applicable.
8. Enter the training facilities name and physical location.
9. Indicate if the trainee received wages during the week for which the request is being made. This question requires a direct response from the trainee each week.
10. Indicate if the trainee is receiving or is eligible to receive unemployment compensations and/or TAA benefits.
11. Briefly in one or two sentences describe any "other" supportive service and include why the payment is needed for the participant to continue in the WIOA or NEG program and place fiscal agent approval of such supportive services to the form.