

THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA

POLICY FOR SUPPORTIVE SERVICES TO YOUTH

Revised
July 1, 2023

THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA POLICY FOR SUPPORTIVE SERVICES TO YOUTH

I. Scope and Purpose

This policy sets forth the requirements for The Mississippi Partnership Workforce Development Area and Substate Grantee policies for allowable benefits and payments to Workforce Innovation and Opportunity Act (WIOA) participants. Supportive services may include transportation, child care, dependent care, and housing assistance to enable an individual to participate in activities authorized under WIOA Title I. Currently, the assistance provided by MPWDA may be in the form of supportive services for assistance with uniforms, work-related items, or other services as needed. Supportive services are also available to youth as one of the elements required under WIOA.

II. Supportive Services

For youth participants, supportive services are one of the required program elements that are available to participants, and may include:

- A. Linkages to community programs such as TANF, Transitional Child Care under the Family Support Act, Social Services Block Grant, Food Stamps, Medicaid, and Children's Health Insurance Program; and
- B. Referrals to medical services; and
- C. Assistance with work attire, work related background checks, and work-related tool costs, including such items as eyeglasses and protective eye gear.

All sources of funds should be considered when determining an individual's financial need for supportive services. The youth services provider should establish linkages with community programs to ensure non-duplication of resources and services. Allowable supportive services for youth are outlined under 2(a) through 2(d) below.

III. Types of Supportive Services

A. Child Care Hardship Supportive Services

- 1. To qualify for hardship supportive services for child care payments, a youth must:
 - a. Be assessed as needing child care assistance and not receiving or not be eligible to receive child care assistance from other publicly funded sources such as TANF child care, Transitional Child Care under the Family Support Act, Social Services Block Grant child care, etc.; and
 - b. Be enrolled in and attending a WIOA youth program or in the twelve months of follow-up (post-exit) and be unemployed; and
 - c. Have one or more dependent children under the age of six; and
 - d. Have spouse who is employed or enrolled in school full-time, be a single parent, or be a single head-of-household at the time of intake.
- 2. Child Care Hardship Payments will be based on the following:

| | |
|--|------------------|
| 1 dependent child under age 6 | \$20.00 per week |
| 2 dependent children under age 6 | \$25.00 per week |
| 3 or more dependent children under age 6 | \$30.00 per week |

No additional amounts will be paid to participants who have more than three dependent children under the age of six. The maximum benefit per week is \$30.00.

If the youth is receiving child care supportive services payments, a copy of each child's birth certificate the youth is receiving payments for and a statement that the child(ren) is/are living with the participant must be in the participant file.

B. Transportation Hardship Supportive Services

1. To qualify for hardship supportive services for transportation payments, a youth must:
 - a. Be assessed as needing transportation and not receiving or not be eligible to receive transportation from other public funded sources; and
 - b. Be enrolled in and attending a WIOA youth program or in the twelve months of follow-up (post-exit).
2. Transportation assistance will be provided in the form of gas cards, vouchers, or checks. The Gateway case manager may provide the participant a one-time \$30 gas card/voucher as a "good faith" measure for the participant to attend WIOA activities. In order for the participant to continue receiving WIOA transportation assistance, the participant must provide attendance documentation from the Gateway instructor for the previous week.
 - 5 – 100 miles round trip \$30 gas card a week
 - 101 or more miles round trip \$50 gas card a week

C. Other Hardship Related Supportive Services

1. To qualify for hardship related supportive services for other assistance, a youth must:
 - a. Provide detailed and acceptable documentation that the need identified as a hardship is in fact a hardship and prevents the youth from attending the WIOA youth program; and
 - b. Be enrolled in and attending a WIOA youth program, or in the twelve months of follow-up (post-exit) and be unemployed.
2. Other Hardship Related Supportive Services must be approved by the Fiscal Agent on a case-by-case basis.

D. Work-Related Items

1. To qualify for supportive services as work-related items, a youth must:
 - a. Be assessed as needing assistance with uniforms or other appropriate work attire and work-related tools necessary to enable youth to participate in WIOA Title I activities, including items such as background checks, eyeglasses and protective eye gear; and
 - b. Not receiving or not eligible to receive these items from a non-WIOA source; and

- c. Be enrolled in and attending a youth program or in the twelve months of follow-up (post-exit) and be unemployed.
2. Work-related items as identified may be purchased by the youth provider directly, by use of vouchers, or reimbursed to the youth if the youth submits a receipt showing what items were purchased and the amount of the items and are limited to a maximum of \$250.00 per participant.

E. Educational Related Expenses

1. To qualify for supportive services as educational related expenses, a youth must:
 - a. Provide documentation of the type of educational related expense and proof that assistance is not available through other sources. For example, if a youth is receiving a PELL grant that would cover the cost of books, then he/she would not be eligible for educational related supportive services for books.
 - b. Be enrolled in and attending a youth program or in the twelve months of follow-up (post-exit).
2. Educational related expenses, such as GED testing fees, CRC testing fees, ACT testing fees, college books, etc. may be purchased by the youth provider directly, purchased by use of vouchers, or reimbursed to the youth if the youth submits a receipt showing what items were purchased and the amount of the items.

Educational Related Expenses are limited to \$150.00 for an individual service. For example, no youth should receive one service such as a single test fee in an amount greater than \$150, however youth may receive more than 1 service. If sufficient justification is supplied of why the youth would need more than \$150 for an individual service, the amount may be increased to \$500 but must be approved by the fiscal agent prior to payment.

F. Food

Youth providers may use supportive services funds up to \$500 per program year to purchase food at a reasonable cost and reasonable amount that is provided to WIOA eligible youth that will enable the youth to participate in WIOA activities. The youth provider must receive written approval from the fiscal agent if additional food purchases are needed above the \$500 per program year limit.

Youth Providers should use discretion and be sensible in what is purchased for food. Examples of reasonable amounts include occasionally catering lunch for a specific reason such as a special all-day workshop, purchasing reasonable amounts of refreshments such as granola bars, chips, water, etc. to keep in a common area where WIOA youth receive services, or purchasing items for sandwiches that will be kept in a kitchen area for the youth. Youth Providers should not cater lunch for the youth participants each day.

Food purchases should be limited to food for eligible youth participants while they are at the Youth Provider's center. Food should not be purchased and sent home with the youth; if the youth is in need of food that may be sent home, the youth provider should refer the participant to MDHS and local food banks or other charitable organizations that provide food to individuals.

Food that is purchased with WIOA supportive services is for WIOA youth participants only. The Justification of Food Purchases form must be attached to each food purchase. Three Rivers Planning & Development District (TRPDD) will review the purchase of food for supportive services during monitoring to ensure the provider is purchasing a reasonable amount of food at a reasonable cost.

TRPDD will take appropriate action if a provider is found not to be utilizing this reasonable; such action may include, but is not limited to, disallowed costs that is required to be repaid to TRPDD or the provider being suspended from being allowed to utilize WIOA supportive services to purchase food.

IV. Determination of Supportive Services Need

- A. Any youth registered in WIOA or in the first twelve months of follow-up, who has been assessed as needing supportive services by the youth services provider, may be eligible to receive WIOA supportive services.
- B. 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. The "Determination of Supportive Services Needs" form is included as an attachment to this policy (Attachment A).

V. Documentation of Attendance

For participants enrolled in a Gateway Youth Program, the Mississippi Partnership WDA shall require that each service provider take attendance each day that training or schooling is conducted. The attendance list should be initialed daily by the instructor and the participant to document that the persons whose names are shown actually did attend training or schooling on that day. Participants will not have to offer further verification of attendance beyond the initialed attendance list.

VI. Supportive Services during Follow-Up

Supportive services are available to youth during follow-up. If a youth is employed during the 12 months of follow-up or has completed the first twelve months of follow-up, supportive services for youth will be limited to referrals to community agencies or other services that do not require the direct expenditure of WIOA funds.

VII. Coordination of Available Sources of Funds (Pell, TANF, Food stamps, etc.)

Section 134(c)(3)(B) of WIOA requires the coordination of training costs with funds available under other Federal programs. To avoid duplicate payment of costs when an individual is eligible for both WIOA and other assistance, including a Pell Grant, the Regulations require that program operators and training providers coordinate by entering into arrangements with the entities administering the alternate sources of funds, including eligible providers administering Pell Grants. These entities should consider the following:

- A. All available sources of funds, excluding loans, in determining an individual's overall need for WIOA funds; and
- B. The exact mix of funds, based on the availability of funding for either training costs or supportive services, with the goal of ensuring that the costs of the training program the participant selects are fully paid and that necessary supportive services are available so that the training can be completed successfully; and

- C. Ensure that duplicate payments of training costs are not made, and that the amount of WIOA funded training is not reduced by the amount of Federal student financial assistance in violation of 20 U.S. C. 1087 uu.

VIII. Delivery of Supportive Services

A. Delivery of Supportive Service payments to participants

1. The payer shall receive a copy of the "Determination of Supportive Services Needs" Form for each eligible participant, and a copy must be placed in the participant's file.
2. Once approval has been received, The "Weekly Request for Attendance and Request for Supportive Services/Vouchers" form (Attachment B) must contain both the signature of the participant and of the instructor to indicate that the participant attended the training/activity for that week. This form must be submitted to the payer for each week that payment is requested, and a copy placed in the participant's file.
3. If the participant has been exited, the payer shall ensure that the youth is in the first 12 months of follow-up services and is unemployed.
4. Upon receipt of each weekly form verifying attendance, the payer shall process the amount of payment indicated for that week and issue a check to the participant. The payer/youth provider will submit the supportive service amounts on the monthly reporting worksheet to Three Rivers for reimbursement.
5. As checks are distributed, the participants will be required to sign a list verifying receipt of payment if they are being paid directly. These lists will be maintained as documentation of payment.

IX. Monitoring and Verification

An individual record of the determination of need for and the amount of each individual participant's supportive services payment will be maintained. Actual copies of the documentation will be maintained with the youth provider performing the determination of need function.

- A. Verification of need for youth participants will be determined by the youth service provider through the interview process and will be made available to the fiscal agent should the participant receive payments for supportive services.
- B. The documentation of determination of need for individual youth participants will be based on the information gathered at the time of intake into WIOA by the youth service provider. This information will be entered on the "Determination of Supportive Services Needs" form.

The information on the "Determination of Supportive Services Needs" form should be completed when the Individual Service Strategy is completed if the youth is in need of supportive services. This form should be updated upon request from a youth to begin receiving supportive services or when the case manager deems necessary. If at any time the training sub-recipient learns of a change in the participant's status that would disallow that participant from receiving participant support payments or would allow a participant to qualify for supportive services, appropriate action must be taken.

ATTACHMENTS:

- A Determination of Supportive Service Needs for Youth Form and Instructions
- B Weekly Request for Supportive Services Form and Instructions
- C Justification of Food Purchases

**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 enrolled in post-secondary education or other training? _____ Yes _____ No
2. Does the applicant have dependent children under the age of 6? _____ Yes _____ No
3. 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 _____
 - d. Educational Expenses? _____ Yes _____ No If yes, indicate source _____

SECTION III – WIOA SUPPORTIVE SERVICES ELIGIBILITY

Indicate each of the types of supportive services the applicant is eligible to receive.

1. _____ Child Care Payments (Indicate # of children under 6: _____)
2. _____ Transportation Payments
3. _____ Other Hardship
4. _____ Work Related Items
5. _____ Educational Expenses

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, work-related tools & clothing, and educational expenses. 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 the youth provider in the event that any change occurs that would affect my 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: _____

Gateway Program Provider: _____

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

This form should be completed for each youth assessed as needing supportive services by the youth service provider. Any youth enrolled in WIOA may be eligible for supportive services (based on completion of this form). All information should be typed, excluding the signatures on the bottom of the form, or should be neatly printed in ink. Both the applicant and the youth provider should initial any changes made on the form.

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 three items. Place an "x" by either "Yes" or "No" to indicate the correct answer for each question. For question 3, 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, or other program providing child care, transportation, and/or educational expenses.

SECTION III – WIOA SUPPORTIVE SERVICES ELIGIBILITY

Indicate if the applicant is eligible under the Workforce Innovation and Opportunity Act to receive child care, transportation, work related, or educational related supportive services. If the person is eligible for child care payments, write in the blank the number of children that are living with and under the care of the applicant at the eligibility determination date. The applicant should verify this number with copies of birth certificates and a statement that the child or children are living with the applicant.

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 youth provider should keep a copy of the completed form for the applicant's file and forward the original to the fiscal department. The information on the "Determination of Supportive Services Needs" form should be updated at least once a quarter to determine if the youth's situation has changed. In the Mississippi Partnership, youth service providers are responsible for making supportive services payments to participants.

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

| | |
|--|------------------------------|
| 1. Name | 2. SSN |
| 3. Level of Service <input type="checkbox"/> Active Participant <input type="checkbox"/> 1 st 12 months of follow-up | 4. Gateway Program Provider |
| 5. Indicate the type of payment <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Other (check all that apply) | |
| 6. Week Ending Date: | 7. Exit Date, if applicable: |

Question 8 is only applicable to those individuals enrolled in training

8. Name & Address of Training Facility:

9. How many days was the participant involved in WIOA activities for the present week?

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/or prosecution.

Participant's Signature: _____ Date: _____

To be completed by Youth Provider

| | 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. Items 1 through 5 on the form will usually be the same from week to week and will need to be supplied to the participant by the instructor or youth provider. 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. Check the appropriate items to indicate the level of service the participant is receiving. If the individual is actively enrolled in any WIOA services, check "Active Participant". If the individual has been exited from WIOA youth services, and is in the first 12 months of the provision of follow-up services, check "Follow-Up". If the individual has been receiving follow-up services for more than 12 months, he or she will not be eligible for supportive services that require the expenditure of WIOA funds.
4. List the Gateway Program Provider.
5. Check the appropriate items to indicate the types of supportive services the youth is receiving.
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 name of the facility or entity that is providing the training, the school name, or name of the WIOA program, as appropriate. (Indicate N/A if not applicable.)
9. Enter the number of days the participant engaged in WIOA activities during the week in which this request is being submitted.

The participant must sign the form under the Participant's Certification. If necessary, the statement should be read aloud to the participant to ensure his/her understanding.

The block for attendance must be completed by the instructor or youth provider, as appropriate, and initialed by the participant, and should be checked for accuracy by the individual who processed this form. The instructor or youth provider must then sign the form, and the youth must return the completed form to the youth provider for processing and disbursement of service or payment.

**THE MISSISSIPPI PARTNERSHIP LOCAL WORKFORCE DEVELOPMENT AREA
JUSTIFICATION FOR FOOD PURCHASES
YOUTH SUPPORTIVE SERVICES**

Food may be provided to eligible WIOA youth participants as a Supportive Service when it will assist or enable the participant to participate in allowable program activities and reach his/her employment and training goals. Youth Providers should use discretion and be sensible and reasonable in what is purchased for food to prevent disallowed costs. Food purchases should be limited to food for WIOA eligible youth participants while they are at the Youth Provider's center.

SECTION I – YOUTH PROVIDER INFORMATION

Date: _____

Provider Name: _____

Address: _____

SECTION 2 – TYPE OF FOOD PURCHASE

- Meal *(A copy of an agenda and sign-in sheet must be attached to this form if a meal is purchased.)*

Vendor: _____

Briefly describe the reason for needing to purchase a meal: _____

- Snacks/Refreshments/Etc.

Vendor: _____

Briefly describe the type of Snacks/Refreshments being purchased: _____

Where will the snacks/refreshments be stored? _____

SECTION 3 – CERTIFICATION

I certify that this purchase is reasonable and necessary for the WIOA youth program and will allow WIOA youth participants to participate in WIOA activities. I understand that food that is purchased with WIOA supportive services is for WIOA youth participants only.

Youth Provider Staff Signature

Date