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May 6, 2020

To: Orange County WIOA Service Providers

From: Carma Lacy
Director of Workforce Development

Subject: COVID-19 Impacted Individuals Special Grant Desk Procedure

PURPOSE:

In an effort to act swiftly to help workers most impacted financially by the coronavirus (COVID-19) pandemic, the Employment Development Department (EDD) announced funding for a 25% Dislocated Worker Special Grant to provide supportive services to individuals impacted by COVID-19. This policy outlines the policies specific to this Special Grant.

EFFECTIVE DATE:

This notice is effective on the date of issuance.

BACKGROUND:

Additional Dislocated Worker funds were made available to provide supportive services to those affected by COVID-19. It is recommended that underserved populations who are eligible be prioritized, particularly those in need of supportive services in the English Language Learner (ELL) and ELL Navigator programs.

POLICY AND PROCEDURES

This policy only applies to those who meet the eligibility requirements outlined in this policy. Please note the eligibility requirements and use of funds differ from the traditional 25% Dislocated Worker funds, and the information outlined in this policy does not apply to other WIOA funds. Newly enrolled individuals or currently enrolled individuals can receive the supportive services in this grant.

All participants must have completed a CALJOBS program application.

COVID-19 Related Eligibility Criteria

In addition to meeting WIOA Title I eligibility, eligible individuals must satisfy all of the following:

- Individuals are enrolled in Title I Dislocated Worker services.*
- Individuals have not received wages above 400% of the federal poverty level (FPL) for the last six months of income. For additional FPL information, please visit the U.S. Department of Health & Human Services Poverty Guidelines.
 - Household Annual Salary for 400% FPL is as follows:
 - Family of 1: \$51,040
 - Family of 2: \$68,960
 - Family of 3: \$86,880
 - Family of 4: \$104,800



COMMUNITY INVESTMENT DIVISION
1300 SOUTH GRAND
BLDG. B, FIRST FLOOR
SANTA ANA, CA 92705
PHONE: 714.480.6500
FAX: 714.567-7132

- Individuals meet one of the following:
 - Laid-off due to COVID-19.
 - Experienced a reduction in hours and/or pay due to COVID-19.
 - Unable to work for any of the following COVID-19 related reasons:
 - Subject to quarantine.
 - Caregiver for someone who is subject to quarantine.
 - Need to care for children because of school closure or closure of other child care provider.
 - At higher risk of getting seriously ill from COVID-19, or lives with someone at higher risk, as outlined on the California Department of Public Health COVID-19 website.
 - Required to telework, but does not have the necessary equipment.

Dislocated Workers can receive the funds whether they meet the above criteria now or at eligibility.

* If an individual is not eligible for the Dislocated Worker program, they can be enrolled into the Title I Adult program and provided the tiered supportive services described below, as long as they meet all of the COVID-19 related eligibility criteria listed above. However, if an individual is already enrolled as a WIOA Adult, it is recommended to enroll them as a Dislocated Worker with their new eligibility criteria.

Due to the COVID-19 public health emergency, individuals may self-attest to their income and the COVID-19 related eligibility criteria listed above.

Before receiving supportive services, participants will not only have to document program eligibility (WIOA Adult or WIOA Dislocated Worker) but also the COVID-19 eligibility requirements above.

Supportive Services

Supportive services may be provided to individuals impacted by COVID-19, with an emphasis on providing supportive services to underserved populations, particularly participants in the ELL and ELL Navigator programs. However, these funds are not limited to the ELL and ELL Navigator programs. These supportive services may include, but are not limited to, equipment necessary to telework (e.g. computer, internet, etc.), housing assistance, utility assistance, childcare assistance, and transportation assistance.

Supportive services are available in two tiers:

1. Individuals receiving at least 50% of their previous wages either from their employer directly, or with Unemployment Insurance (UI) payments, may receive supportive services totaling up to **\$400**.
2. Individuals who are not receiving at least 50% of their wages from their employer directly, or with UI payments, may receive supportive services totaling up to **\$800**.

If Local Workforce Development Areas (Local Area) use other funds such as existing WIOA Adult or Dislocated Worker formula funds, or local funds to provide supportive services, then those funds do not count towards the \$800 limit.

Tracking

These are the pieces of documentation will be required for Service Providers to track these services.

1. Supportive services require the submission of a COVID 19 Supportive Services Request Form (Attachment 1). The form must be completed in its entirety and signed by the participant and applicable program staff. Failure to properly complete the supportive services forms may result in a delay/denial of the request for supportive services.
2. The second is that a Supportive Service Participant Log shall be kept in each participant's file that receives supportive services (Attachment 2).

3. The third is all supportive services from this grant will be shall be tracked for audit purposes on a Supportive Services Master Log (Attachment 3) with all other Supportive Services. An inventory of all supportive services will be conducted by a designated staff person, who is responsible for the supportive service.
4. Each request for supportive services must be clearly documented in the case notes. The case note must include the participant's individual needs and how these needs relate to the supportive services request.
5. Appropriate activity code for supportive services shall be entered in CalJOBS, updated throughout the participation in the program, and closed on the actual end date of service.
6. Invoices, statements, and receipts necessary to verify that a supportive service has been provided must be returned to staff. It is the responsibility of the staff that distributed the supportive service to ensure that all support services documentation is collected and added to the participant file. Returned receipts must indicate that the supportive service was used for its intended purpose. A \$50.00 gas card should display that \$50.00 of gasoline was purchased. If the supportive service was not used for its intended purpose, no additional supportive services will be provided for the participant unless the participant reimburses the difference. Supportive services that have remaining balances must be returned by the participant and tracked by the subrecipient.

Timing of Funding

The funds for this grant were made available to the WDB on March 1, 2020. If a Service Provider can document the participant program eligibility and participation requirements; can document the COVID-19 participant requirements listed above; and the participant received a qualifying supportive service on March 1, 2020 or later; those supportive services can be charged to this grant (subject to the funding limits above) from the date all of these requirements are met (as long as it is March 1, 2020 or later) until the grant funds are no longer available.

ACTION:

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

INQUIRIES:

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

ATTACHMENT:

Attachment 1: COVID 19 Supportive Services Request Form

Attachment 2: Supportive Services Participant Log

Attachment 3: Supportive Services Master Log



COVID-19

Supportive Service Request Form



Participant Information

Participant Name		Date	
WIOA Application Number		One-Stop Location	

Family Size

Check the qualifying annual salary that does not exceed 400% of the Federal Poverty Level based on family size

<https://aspe.hhs.gov/2020-poverty-guidelines>:

Household Annual Salary for 400% FPL	Name	Documentation	Relationship	Annual Wages
<input type="checkbox"/> Family of 1 not greater than \$51,040	(Participant)	(in case file)	(self)	
<input type="checkbox"/> Family of 2 not greater than \$68,960				
<input type="checkbox"/> Family of 3 not greater than \$86,880				
<input type="checkbox"/> Family of 4 not greater than \$104,800				
<input type="checkbox"/> Family of 5 not greater than \$122,720				
<input type="checkbox"/> Family of 6 not greater than \$140,640				
<input type="checkbox"/> Family of 7 not greater than \$158,560				
<input type="checkbox"/> Family of 8 not greater than \$176,480				

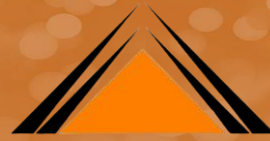
(For families/households with more than 8 persons, add \$17,920 for each additional person)

Past and Current Wage Comparison (including Unemployment Insurance)

Past Annual Household Income	Current Annual Household Income (including UI)	Percentage Difference
\$	\$	%

Support Service Amount

<input type="checkbox"/> Individuals receiving at least 50% of their previous wages either from their employer directly or with Unemployment Insurance (UI) payments.	Amount Up to \$400
<input type="checkbox"/> Individuals who are not receiving at least 50% of their wages from their employer directly or with UI payments.	Amount Up to \$800



Need for Support (identify one of the following)

- Laid off due to COVID-19
- Experienced a reduction in hours and/or pay due to COVID-19
- Unable to work for any of the following COVID-19 related reasons:
 - Subject to Quarantine
 - Caregiver for someone who is subject to quarantine
 - Need to care for children because of school closure or closure of other child care provider
 - At higher risk of getting seriously ill from COVID-19, or lives with someone at higher risk
 - Required to telework, but does not have the necessary equipment

Additional Comments:

Authorization

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM WIOA, REIMBURSEMENTS OF PAYMENTS MADE AND/OR PENALTIES AS SPECIFIED BY LAW. I SHALL PROVIDE REASONABLE DOCUMENTATION TO MY CASE MANAGER FOR PROOF OF PAYMENT FOR ALL PAYMENTS MADE USING THE SUPPORT I RECEIVED.

Participant Signature	Print Name	Date
WIOA Staff Signature	Print Name	Date

Office Use	
OCDB Approval Signature	
Print Name of Approver	
Tracking #	
Received Date	

STATEMENTS BELOW TO BE SIGNED ONCE SUPPORT PAYMENT HAS BEEN RECEIVED BY PARTICIPANT

Participant Verification of Support Paid

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT I OBTAINED SUPPORTIVE SERVICE PAYMENT PROVIDED BY THE ORANGE COUNTY WIOA PROGRAM.

Participant Signature	Print Name	Date
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Case Manager Documentation of Support Services Paid

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, I HAVE REVIEWED, COLLECTED, AND FILED DOCUMENTATION ON THE PAYMENT MADE TO THE PARTICIPANT. THE SUPPORT SERVICES DOCUMENTATION ON FILE IS CONSISTANT AND ALLOWABLE PER THE REGULATION DEFINED BY WIOA.

WIOA Staff Signature	Print Name	Date
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