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Revised: June 4, 2021
Effective: August 17, 2020

To: WIOA Subrecipients of the Orange County
Workforce Development Area

From: Carma Lacy
Director of Workforce Development

Subject: Supportive Services Policy
Information Notice No. 20-OCWDB-14
Supersedes Information Notice No. 18-OCWDB-14

PURPOSE

To provide comprehensive service provisions as it pertains to supportive services under the Workforce Innovation and Opportunity Act (WIOA) for Adult, Dislocated Workers, Youth, and Special Programs of the Orange County Workforce Development Board (OCWDB).

REFERENCES

- WIOA (Public Law 113-128) Sections 129 (c)(2) and 134(c)(2) and (3)
- CFR Title 2 Grants and Agreements: Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards Subpart E – Cost Principles, 200.441
- 20 CFR Sections 680.900-680.970, 681.570
- Training and Employment Guidance Letter (TEGL) WIOA No. 19-16 *Operation and Guidance for the Workforce Innovation and Opportunity Act* (March 1, 2017)

EFFECTIVE DATE

This policy is effective immediately upon issuance.

BACKGROUND

The Workforce Innovation and Opportunity Act (WIOA) provides local Workforce Development Boards (WDBs) the discretion to provide supportive services deemed appropriate to participants who are enrolled in and actively engaged in individualized career services or training activities and coincides with participant's Individual Employment Plans (IEP). Moreover, the legislation provides the highest quality supportive services, so that participants are successfully able to complete activities, secure and sustain employment and credential attainment, and earn a livable wage. WIOA regulations describe supportive services as "services that are



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necessary to enable an individual to participate in activities authorized under WIOA.”

Although WIOA gives local WDBs guidelines for supportive services, it also provides the local WDBs with the flexibility to adopt supportive services that positively influence each local area.

Adult and Dislocated Workers

Supportive services may be provided to WIOA Adult and Dislocated Worker participants as necessary to enable an individual to participate in career services and/or training services. Individuals identified as needing ongoing supportive services must still be participating in career services, training activities, or both to continue to receive supportive services. Supportive services are not allowed for adults and/or dislocated workers in follow-up. Referral and linkage to other community resources can be performed during follow-up to address need; however payment for any supportive services using WIOA funding is not allowed.

Youth Program

Supportive services can be provided to WIOA Youth during program participation and during follow-up services. There are no specific requirements for when to provide supportive services. They may be provided based on the needs of the participant as identified in the youth's Individual Service Plan (ISP). During follow-up, youth are eligible for supportive services to ensure success in employment, postsecondary education, and/or training.

WIOA regulations stipulate that in order for exited youth participants to receive follow-up supportive services, “the follow-up services must be conducive of more than just a contact attempt in order to secure documentation, or to report a performance outcome”; supportive services must correlate with performance outcomes and be “determined based on the needs of the individual.”

Supportive Services may include, but are not limited to:

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;
6. Assistance with educational testing;
7. Reasonable accommodations for individuals with disabilities;
8. Legal aid services;
9. Referrals to health care;
10. Assistance with uniforms or other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye gear;
11. Assistance with books, fees, school supplies, and other necessary items for students enrolled in post-secondary education; and
12. Payments and fees for employment and training-related applications, tests, and certifications.

Disallowed Supportive Services

Supportive services will not be provided for expenses incurred prior to participant's enrollment in WIOA career services and training. Additionally, the following do not qualify for supportive services:

1. Fines, penalties, damages and other settlements;
2. Entertainment;

3. Auto loan or mortgage payment;
4. Alcohol, tobacco or recreational drugs;
5. Items for family members, friends, or anyone who is not the participant; or
6. Groceries, or other food items.

Special/Non-WIOA Programs

The Local Area has administrative oversight of several special and non-WIOA-funded programs. All staff shall adhere to the policies and procedures provided herein, unless specifically noted.

Policy and Procedures

1. Supportive services may only be provided to enrolled individuals, who are active participants in individualized career services and/or training services. The support must be necessary for participants to continue their education, obtain employment, or retain employment.
2. Any participant who is requesting supportive services or training shall have started and have agreed to complete financial literacy training prior to receiving supportive services or training. If a participant has started financial literacy training and receives supportive services prior to completion, secondary supportive services cannot be issued until the participant completes the financial literacy training.
3. Supportive services may only be provided to participants who are unable to obtain supportive services through other programs that provide such services. Participants must demonstrate that they have made every attempt to find other resources that could provide the supportive service funding including resources outside of the local area if applicable.
4. Supportive services may only be provided when necessary to enable individuals to participate in individualized career service and/or training activities.
5. Supportive services provided must be reasonable, necessary, and allowable based on established local, State and Federal guidelines and regulations.
6. All supportive service payments must be relevant to the results of the objective assessment of each participant's IEP/ISP and educational goals. The need for, and the extent of, supportive services must be listed in the participant's IEP/ISP. In all cases, staff must review "service notes" prior to making any supportive service payments to avoid duplicate payments.
7. Supportive services are not entitlements and are subject to funding availability. All supportive service requests must be supported by demonstration of need.
8. Supportive services cannot be provided retroactively.
9. A Supportive Services Exploration Form (Attachment I) shall be completed prior to requesting supportive services and kept in each participants file and uploaded to the participants CalJOBS electronic file. This form shall be completed for each supportive services request.

10. Identified resources shall be entered on the Supportive Services Request Form (Attachment II). Provision of supportive services require the completion of the Supportive Services Request Form. The form must be completed in its entirety and signed by the participant and applicable program staff. It shall be kept in each participant's file and uploaded to the participants CalJOBS electronic file. Failure to properly complete the supportive services forms may result in a delay/denial of the reimbursement for supportive services.

11. Each request for supportive services must be clearly documented in the case notes. The case note must include the participant's individual needs, how these needs relate to the supportive services request, and should provide detailed information on the payment for the supportive services being authorized. All documentation must support the service dates being paid for.

Example case note language:

“Supportive service assistance for (insert type of supportive service) was requested by (insert participant name). All practical alternatives have been exhausted (name attempted resources) in an effort to obtain these supportive services through other resources. (Insert participant's name) requires this assistance in order to complete (his/her) (insert type of activity). The cost for this supportive service is (insert actual amount). Supportive service funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in supportive services year-to-date, not including this service.”

12. For all participants, the appropriate activity code for supportive services must be opened on the date the cost was incurred, entered in CalJOBS, updated throughout the participation in the program, and closed on the actual end date of service. Costs incurred prior to program enrollment are not allowable. At the time supportive services activities are opened a service note must be entered stating what has been obligated to the participant, including 1) type of service; 2) justification of participant's needs for service; 3) lack of other community resources; 4) total amount of offered; 5) date(s) or date range; and 6) whether it is a one-time payment or a recurring obligation. Once the expense is incurred, a detailed service note must indicate the type of supportive service, date(s), and the amount paid. If a Youth participant receives supportive services in the follow-up period, designated activity codes for follow-up supportive services shall be used and entered in CalJOBS.

13. A bill or invoice for a supportive service can be paid directly by the service provider.

14. A copy of the supportive service (card, check, etc.) shall be made and placed in the participant's file. The participant shall sign and date the copy upon receipt. This copy must be placed in the participant's file.

15. 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 who distributed the supportive service to ensure that all support services documentation is collected, added to the participant file, and uploaded into the participants CalJOBS electronic file.

16. Returned receipts must indicate that the supportive service was used for its intended purpose. For example, 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.
17. Gift cards that have remaining balances must be returned by the participant and tracked by the subrecipient.
18. A Supportive Service Participant Log shall be kept in each participant's file who receives supportive services (Attachment III).
19. If a Participant receives a supportive service and fails to return the appropriate documentation/receipts, no additional supportive services will be provided until such receipts are provided. Supportive services may continue to be provided should the participant return the value of the supportive service in which the receipt was lost.
20. An Affidavit of Lost/Stolen/Destroyed Supportive Services (Attachment IV) must be completed by the participant, if a supportive service is lost or stolen. Any reported lost/stolen supportive service should be immediately recorded.
21. All supportive services shall be tracked for audit purposes on a Supportive Services Master Log (Attachment V). An inventory of all supportive services will be conducted by a designated staff who is responsible for tracking supportive services for the program.
22. Total cumulative support service payments to any participant may not exceed \$3,000 in a participant's lifetime. Participants of the Veterans' Employment-Related Assistance Program (VEAP) shall have a **\$6,000** supportive services lifetime maximum.

ACTION

Bring this policy to the attention of all affected staff and all relevant parties.

INQUIRIES

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

ATTACHMENTS

Attachment I: Supportive Services Exploration Form

Attachment II: Supportive Services Request Form

Attachment III: Supportive Services Participant Log

Attachment IV: Affidavit of Lost/Stolen/Destroyed Supportive Services

Attachment V: Supportive Services Master Log



Attachment I Supportive Services Exploration Form

Name: _____ Date: _____

Service Requested: _____

This form is the record your attempts to receive the service you need (such as a bus pass, gas card, etc). Please call a minimum of three agencies/organizations in Orange County per each supportive service request. Fill out this form completely and turn into your Career Consultant/Case Manager for review. Services may be provided to you after you have documented that no other agency has the service available.

Write the name of the Agency/Organization you contacted to request assistance.	Write the phone number of the Agency/Organization you contacted to request service.	Write the outcome of your attempt to receive this service. Example: "Stated they no longer have bus passes" or "Will pick up gas card on Friday"



ATTACHMENT II

Orange County Workforce Development Board Supportive Services Request Form	CalJOBS Application Number
	Participant Name (Last, First)

PARTICIPANT INFORMATION (ensure that Participant Information for applicant is complete and up-to-date)

<input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Special Grant	<input type="checkbox"/> Youth	Address	City	State/ZIP	Primary Phone
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Amount Requested

RATIONALE FOR SERVICES

Supportive service assistance for (insert type of supportive service) was requested by (insert participant name). All practical alternatives have been exhausted (name attempted resources) in an effort to obtain these supportive services through other resources. (Insert participant's name) requires this assistance in order to complete (his/her) (insert type of activity). The cost for this supportive service is (insert actual amount). Supportive service funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in supportive services year-to-date, not including this service.

SUPPORTIVE SERVICE INFORMATION

Type of Supportive Service

<input type="checkbox"/> Child/Dependent Care (180/480)	<input type="checkbox"/> Seminar/Workshop Allowance (186)	<input type="checkbox"/> Utilities (190/489/F16)
<input type="checkbox"/> Transportation Assistance (181/481/F12)	<input type="checkbox"/> Counseling (486 Youth Code only)	<input type="checkbox"/> Educational Testing (191/490/F21)
<input type="checkbox"/> Medical (182/482/F18)	<input type="checkbox"/> Job Search Allowance (187)	<input type="checkbox"/> Post-Secondary Academic Materials (493 Youth Code only)
<input type="checkbox"/> Temporary Shelter (184/484)	<input type="checkbox"/> Tools/Clothing (188/487/F13/F14)	<input type="checkbox"/> Dependent Care (F17 Youth Code only)
<input type="checkbox"/> Other (185/485)	<input type="checkbox"/> Housing Assistance (189/488/F15)	<input type="checkbox"/> Incentives/Bonuses (419/F19 Youth Code only)

Describe Other (if applicable):

Were other programs providing such services explored before submitting supportive service request? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is request within the applicable Supportive Services Matrix limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were receipts returned for the last supportive service issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Printed Name of Requesting Staff	Signature of Requesting Staff	Date
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My signature below indicates that I have been informed of and understand the information contained on this form. I understand that I am required to return proper receipts and/or documentation that are requested for the purchases and services that I have received. I understand that, if the required receipts and/or documentation in the amount listed above are not returned, there will be no additional supportive services provided to me. Additionally, I understand that the above mentioned supportive services are solely for the use of myself and my family. All supportive services are only to be used for the intended purpose. Failure to comply with these policies will result in termination of assistance.

Printed Name of Participant	Signature of Participant	Date
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FOR MANAGER/ACCOUNTING USE ONLY

Is request reasonable, necessary, and allowable based on established local policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Request Outcome <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Check/Card Number (if applicable)
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Printed Name of Accounting Staff	Signature of Accounting Staff	Date
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Printed Name of Manager	Signature of Manager	Date
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**ATTACHMENT III
Supportive Services Participant Log**

Date	Type of Service(s) Provided	Supportive Service Category	Cost	Staff Initials



**ATTACHMENT IV
Participant Affidavit of Lost/Stolen/Destroyed Supportive Service**

I, _____, hereby declare that a _____
(name of supportive service) with serial number _____ in the
amount of \$ _____ was lost/stolen/destroyed on _____ (date).

I understand that I cannot use the aforementioned supportive service, if it comes into my
possession. If it does, I must immediately return it to _____
(name of issuing office).

The above statement is true and correct. I have been advised and am aware that it is
unlawful to give false information and that I may be prosecuted for perjury, a felony in the
state of California, if the above information is not true.

Participant Print Name

Date

Participant Signature

Witness Print Name

Date

Witness Signature

