

Rivers East Workforce Development Board

1502 N Market Street, Suite A
Washington, NC 27889
Tel: (252) 946-8043 / Fax: (252) 946-5489



RIVERS EAST LA ISSUANCE 2021-09 CHANGE 5

SUBJECT: RIVERS EAST WIOA SUPPORTIVE SERVICES POLICY

PURPOSE: To update and clarify allowable supportive services when WIOA funds are not being utilized to pay for training and to include internal controls.

ACTION: Service providers should review the policy for updates and update their internal control processes to match policy updates.

EFFECTIVE DATE: July 1, 2021

REVISION DATE: June 13, 2023

A handwritten signature in black ink that reads "Jennie Bowen". The signature is written in a cursive style and is positioned above a horizontal line.

Jennie Bowen
Workforce Development Director

Attachment

Serving: Beaufort County • Bertie County • Hertford County • Martin County • Pitt County

Mid-East Commission • Workforce Development Department
"Committed Equal Opportunity Employer/Programs"

"Auxiliary aids and services are available upon request to individuals with disabilities." Relay numbers for the Hearing Impaired: (TT) 1-800-712-6600 (voice) 1-800-735-8262
www.mideastcom.org

The following policies apply to supportive services provided in Rivers East:

To receive supportive services, the WIOA participant **must** be receiving staff assisted career services and be participating in employment and/or training activities. There must be a direct connection between the supportive services offered and the activity in which the participant is participating. Youth may also receive supportive services while in follow-up services. The supportive services provided must be allowable, reasonable, and not otherwise available to the participant. *Career Advisors should ensure they are recording the appropriate “service activity codes” in NCWorks Online to document that staff assisted services are being provided.*

Supportive Services are not entitlements and must be supported by the demonstration of financial need. Funds used for supportive services should be used to avoid duplication of services and must be leveraged with other resources, including funding from private, community, and/or faith-based organizations.

The need for supportive services along with the confirmation that no other resources are available must be documented on the Individual Employment Plan/Service Strategy (IEP/ISS), the Objective Assessment (OAS), and in NCWorks case notes. The appropriate CSS activity code should also be added.

Course Registration must be scanned/uploaded with the ITA or CSS education-related payments to verify enrollment into education. A transcript or drop-out form must be obtained to verify training completion/drop-out date. The transcript or drop-out form should be scanned into the Documents Tab and case noted accordingly.

The supportive service provided should be short-term and used to alleviate initial barriers that would prevent the participant from entering employment and/or training.

All supportive service payments should be paid directly to the participant in the form of check/direct deposit or electronic payments and/or paid directly to the vendor. At no time should supportive service payments be paid in cash and/or gift cards, etc. All electronic payment forms must be approved by the Local Area. If the service provider chooses to pay by electronic means (i.e. debit card), they must maintain a log and provide it to the Local Area for review upon request.

All supportive services documentation must be scanned into NCWorks Online. Service providers should ensure that proper internal controls are followed by using the attached forms to ensure that the Program Manager is reviewing and signing off on each payment. In addition, the Program Manager will sign, certifying they have verified the appropriate supporting documentation has been scanned into NCWorks Online before authorizing the payment. When the expenditure is presented to the Local Area for reimbursement, the Local Area will review the documentation in NCWorks Online as part of the invoice review, before authorizing the reimbursement.

The service provider must have a policy and/or documented process in place to safeguard all means of payment.

Transportation

Transportation assistance may be provided to participants who demonstrate financial need and that have no other resources available. Transportation is only paid to and from the participant's home address and the training facility (round trip), at one trip per day.

Mileage is calculated using \$0.56 per mile and not to exceed \$168.00 per week or 300 miles per week. Career Advisors will utilize the “Bi-Weekly Attendance Voucher” Form when reimbursing transportation costs to participants. Mileage reimbursement is paid directly to the participant in accordance with the payment schedule set by the contractor. If another person provided transportation, they are required to

complete and sign the form and reimbursement is paid directly to them. If the other individual is also enrolled in WIOA, the Career Advisor must obtain documentation from the other program that the individual has not already received mileage reimbursement, to avoid double-dipping.

To document total miles, Career Advisors should use “MapQuest” or “Google maps” when determining round trip mileage. Maps should verify the mileage from home to the training provider and returning home. Career Advisors should review mileage routes to ensure the closest route is utilized in time and distance and ensure that different mileage/routes are not utilized when calculating round trip distance. In addition, participants will need to provide their current schedule, showing they have “in-person” classes and are required to travel to and from class. All three documents must be scanned into NCWorks and case noted.

Transportation assistance also may be provided to students enrolled in clinical settings. Career Advisors should use “MapQuest” or “Google maps” to determine round trip mileage from the participant’s home address to the clinical site. The same maximums apply: \$0.56 per mile and not to exceed \$168 per week or 300 miles per week. Participants will be required to submit their clinical schedule to the Career Advisor as documentation that they are required to attend/travel to a different location. All documents must be scanned into NCWorks and case noted.

Any travel assistance not in the form of reimbursement, **MUST** be pre-approved by the Local Area (taxi, Uber, etc.). With the request, the Program Supervisor must include the documented need/purpose (i.e., classroom training, WEX, OJT), the plan for how long the participant will need transportation, and the plan to address the participant’s transportation barrier. All requests must be submitted in writing to the Workforce Development Director. Program Supervisors are responsible for ensuring all documentation, case notes, and other supporting information has been scanned in NCWorks prior to submitting the request. Cancellation fees will not be reimbursed.

Childcare Assistance

Childcare assistance may be provided to participants who demonstrate financial need and that have no other resources available. Childcare may be provided for children under six (6) and for school-aged children after school hours. Childcare reimbursement will be at a rate that is considered usual, reasonable, and customary with this geographic area. WIOA Service Providers will utilize vouchers for certified childcare providers only. **All participants must apply with the Department of Social Services and provide their “wait list” documentation or their approval letter to the Career Advisor. *The DSS Verification Form must be scanned into NCWorks.***

If the participant has no other source, the following procedures will be followed:

The Career Advisor must check the child(ren) birth certificate or proof of guardianship to prove that the child(ren) do exist and verify the ages of the child(ren). The Career Advisor must document in a case note the date they viewed the documentation, what documentation they viewed, the age(s) of the child(ren), the relation to the participant, and scan a copy of the documentation into NCWorks. The documentation should be redacted per policy.

Payment will not exceed \$140 per week per participant for one child with an additional \$85 per week maximum for one additional child. These are maximums and not an entitlement. All payments will be made directly to the childcare provider.

The Career Advisor should work with the participant to determine the appropriate childcare needs and will document such need according to this policy. All efforts should be made to secure childcare slots on a no-fee basis. Service Providers should ensure they have not only checked with DSS, but local school systems, other licensed childcare providers, and/or other funding sources and document their attempts in a case note.

To pay childcare costs, the Career Advisor must have the childcare provider complete the Rivers East Childcare Invoice. The invoice should include: the name(s) of the child(ren); name of the parent; time period and dates attended; rate per week and total charges. The invoice must include the ID Number assigned to the provider by the NC DHHS Division of Child Development and Early Education. A separate invoice should be completed for each week the child(ren) attend.

Childcare vouchers and any other supporting documentation presented by the childcare provider must be case noted and scanned into NCWorks prior to being submitted for payment.

Tools, Equipment, Uniforms, and other related educational items

When the participant is enrolled in WIOA-sponsored training or WIOA-sponsored paid work experience and the participant is required to purchase tools, equipment, uniforms or other educational related items, the participant must provide the Career Advisor a “needs” list from the training provider and/or the employer stating the exact items that need to be purchased. The Local Area must approve, and procurement should occur for total purchases exceeding \$500. *The only exception to the \$500 limit is for purchasing required textbooks.*

Once the Career Advisor reviews the needs list with the participant, the Career Advisor will complete the Rivers East Purchase Authorization Form and forward to the Program Manager or their designee for approval. Once approved, the Career Advisor will forward the form to the vendor and/or purchase the items online, via the service providers approved process. *Note: if class-related items, they should be documented on the FAA as an anticipated cost of attendance.*

Once the items are purchased the Purchase Authorization Form, receipt(s) and the needs list must be scanned (together) in NCWorks and case noted.

For those pursuing their GED, the following should be used when purchasing “online” programs and tools:

- If the participant TABE tests at EFL 3 or lower, they must enroll in an approved seated training program and be making satisfactory progress before online tools such as GED Flash or GED practice exams can be purchased.
- If the participant TABE tests at EFL 4 or higher, online tools such as GED Flash and GED practice exams can be purchased once during the program year. To make a second purchase, during the same program year, documentation must be scanned into NCWorks showing progress. A third purchase of online tools cannot be made without Local Area approval. Participants who have made no progress in a program year must be enrolled in an approved seated training program before additional online tools can be purchased.

For those needing to take other industry recognized credentials; **ONLY** the following assessments and training classes are approved when required for employment and/or to enter training. Documentation from the employer and/or training provider must be scanned into NCWorks prior to approving payment.

- National Career Readiness Certification (NCRC)
- ServSafe
- CPR and First Aid
- Auto Safety Inspection
- OBD Emissions Control Inspection
- Escort Vehicle Certification
- OSHA 10 or OSHA 30

Other items

Any “other” supportive service not listed in this policy must have prior approval from the Local Area.

Participant's Name: _____

Participant's Address: _____

Training Facility: _____ Period From: _____

School Official: This student is enrolled in WIOA and is receiving financial aid and/or assistance. WIOA Policy mandates that classroom attendance is verified. Please complete the attendance record below accordingly:

***Place the total number of hours that the student attended your class each day.**

***If the student is absent, but excused, place "AE" in the block OR if absent and unexcused, place "AU" in the block.**

***Your signature and date in the far right column indicates that the attendance information is correct to the best of your knowledge and serves as verification for payment purposes.**

ATTENDANCE RECORD

	DAYS	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	Instructor Certification
Course Title	DATE											
Total Miles Per Day												

Passenger and/or provider transportation information: Participants may be paid for extra miles traveled to provide transportation for other WIOA participants. Similarly, WIOA participants may arrange transportation with non-WIOA students and/or other persons who may be paid accordingly. This portion of the biweekly attendance report and travel voucher makes provisions for reimbursing the transportation provider for mileage associated with transporting participants to and from school.

☐ I provided transportation for the WIOA passengers identified below. (Record the passenger's name below.)

☐ I was provided transportation by the person(s) identified below. (Record the provider's address below his/her name.)

Passenger Name & Address	Trips	Miles per Trip	Total Miles	Passenger's Program	Miles x Rate = Reimbursement

Participant Certification: I certify that the above attendance and travel record is correct and I understand that if I knowingly falsify information or withhold information to qualify for travel reimbursement for which I am not entitled, I will be subject to penalties for fraud.

Participant's Signature: _____ Date: _____

Non-participant Signature: _____ Date: _____

Note to participants: this form MUST be completed and turned in within two weeks after the last day travel. Any forms received late "MAY" not be reimbursed.

MAXIMUM WEEKLY REIMBURSEMENT NOT TO EXCEED \$168.00/WEEK - (300 MILES/WEEK @ \$0.56/MILE)

Transportation Payments

	First Week	Second Week	Total
Total Miles Traveled			
Total Reimbursement (.56)			
Max. Reimbursement Authorized			

TOTAL REIMBURSEMENT

(Cannot Exceed \$336)

FUND CODE:

Certification: This document serves as authorization to make transportation payments. I have made the computations based on the information provided by the participant and training institution and it appears to be an accurate representation of the trainee's participation during the period indicated.

WIOA Career Advisor Signature: _____ Date: _____

WIOA Program Manager Signature: _____ Date: _____

Rivers East Childcare Invoice

WIOA PARTICIPANT'S NAME: _____

ADDRESS: _____

TIME PERIOD: _____ TO _____

DATES CHILD(REN) ATTENDED: _____

We hereby certify that childcare services were provided for the child(ren) listed:

1) _____ 2) _____ for the above stated

period. Our weekly charge for such service \$_____. Payments will be made directly to the childcare provider. Please include payment information so that the Service Provider can process for payment:

Pay to: _____

Mailing address: _____

Provider's Name

Provider's Title and State-issued ID Number

Provider's Signature

Date Signed

WIOA Career Advisor to complete: the amount to be reimbursed, based on policy, to the childcare provider is
\$_____.

I certify that the above stated childcare services were received as stated above. I understand that if I knowingly falsify information or withhold information to qualify for reimbursement for which I am not entitled, I will be subject to penalties provided for fraud.

Participant's Signature

Date Signed

This document serves as authorization to make child care services payments. I have made the computations based on the information given by the childcare provider and the participant and it appears to be an accurate representation of the services provided during the period indicated.

Career Advisor Signature

Date Signed

WIOA Program Director or Designee Signature

Date Signed

Equal Opportunity Employer/Program.
Auxiliary aids and services are available upon request to individuals with disabilities.

Instructions for completing the Childcare Voucher

Revised July 1, 2021

Childcare Providers:

1. **DO NOT USE WHITE OUT. Any changes should have a ~~strikethrough~~ and initialed and dated.**
2. Only one voucher may be submitted for each week of service. Please do not put more than one week on a voucher.
3. Make sure to enter:
 - a. Dates child(ren) attended
 - b. Name(s) of children
 - c. Weekly charge per child
 - d. Address for the Service Provider to submit payment
 - e. Your printed name, title and State-Issued ID Number
 - f. Sign and date

WIOA Career Advisors:

1. Enter participant's name, address, and time period (week) you have approved them for childcare assistance. The first day "of the period" should be the first day services were provided/approved and the last date should be the last day services were provided/approved.
2. Review Childcare Provider information to ensure everything has been completed; have participant sign and date certification.
3. Calculate reimbursement amount; sign and date; forward to the appropriate Program Supervisor for review and approval. Once approved enter case note and scan a copy into NCWorks.

RIVERS EAST PURCHASE AUTHORIZATION

Participant Name:	SID #:	County:
Training Course:	Program: Adult <input type="checkbox"/> DW <input type="checkbox"/> Youth IS <input type="checkbox"/> Youth Out <input type="checkbox"/>	
Vendor Name:		Date Issued:

Authorized Items (only items <input checked="" type="checkbox"/>)	
<input type="checkbox"/> 2 Uniform Tops	<input type="checkbox"/> 1 Blood Pressure Cuff
<input type="checkbox"/> 2 Uniform Pants	<input type="checkbox"/> 1 Pen Light
<input type="checkbox"/> 1 Pair of Shoes	<input type="checkbox"/> 1 Lab Coat
<input type="checkbox"/> Stethoscope	<input type="checkbox"/> 1 Scissors
<input type="checkbox"/> 1 Watch	<input type="checkbox"/> Other:
<input type="checkbox"/> Embroidering	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other:

Amount Approved \$ _____

AN ITEMIZED INVOICE MUST BE ATTACHED

Vendor Signature: _____ Date: _____

Vendor Notice: Voucher may not exceed dollar amount above or items checked. Voucher expires 30 days from the date issued. All vouchers must be submitted in 45 days for payment.

Return Purchase Authorization Voucher to:

_____ County NCWorks Career Center Attention: _____

Address: _____

City, State, Zip: _____

Career Advisor Signature: _____ Date: _____

WIOA Program Supervisor Signature: _____ Date: _____

*Equal Opportunity Employer/Program.
 Auxiliary aids and services available upon request to individuals with disabilities.*

07/01/2021

Instructions for completing the Purchase Authorization Form

1. Enter the participant's name, State ID Number, and County the participant is enrolled.
2. Enter Training Program Name and check the appropriate program area.
3. Enter the Vendor Name and Date Issued.
4. Check the items that have been authorized for purchase. **NEVER REMOVE ANY ITEM(S) FROM THIS LIST!** If you need to add an item, check "other" and enter the item NOT listed.
5. Enter the amount that has been approved for this participant.
6. Add the Center information so the Vendor can submit for payment.
7. Submit to vendor so they can process, sign and date.

**** WHEN SCANNING INTO NCWORKS, THE INVOICE/RECEIPT MUST BE ATTACHED ****

- If purchased "online", enter "purchased online" in lieu of the vendor signature and the date the item(s) were purchased.
- CSS dates should match the dates on the invoice/receipt.
- The Purchase Authorization Form is REQUIRED when "purchasing" ANY item for a participant. If books were not included on the original ITA and are purchased separately, a Purchase Authorization Form should be used to authorize payment.