



November 28, 2023

**EASTERN CAROLINA LOCAL AREA ISSUANCE No. 2023-02**

**SUBJECT:** Supportive Services Policy

**PURPOSE:** To transmit supportive services policy and rescind Eastern Carolina Local Area Issuance No. 2021-10 Change 2, dated June 30, 2023.

This policy addresses the use of WIOA Title I funds for supportive services to eligible individuals enrolled in WIOA Title I Adult, Dislocated Worker, and Youth/Young Adult programs.

**BACKGROUND:** The Workforce Innovation and Opportunity Act (WIOA) defines supportive services in Sec. 3(59) as services, such as transportation, childcare, dependent care, housing, and needs-related payments, that are necessary to enable an individual to participate in activities authorized under this Act. Supportive services for Adults and Dislocated Workers are further referenced in WIOA Secs. 134(d)(2), (3) and are governed by 20 CFR 689.900 through 689.970 and for WIOA eligible Youth/Young Adults in Section 129(c)(2)(G) and are governed by 20 CFR 681.570 through 681.580.

The Eastern Carolina Local Area Plan defines supportive services as one of the WIOA activities that may be provided to eligible WIOA Title I participants to assist them in resolving their employment barriers as they transition to employment and self-sufficiency. WIOA funds may be used to pay for supportive services if such services are not otherwise available. Supportive services may include transportation, childcare, training related items, work related items and other emergency assistance.

TEGL 09-22 states that supportive services that enable WIOA youth participants to participate in work experience can now count toward the work experience expenditure requirement.

**ACTION:** All WIOA Title I Service Providers are to comply with the attached supportive services policy.

**EFFECTIVE DATE:** Immediately

**EXPIRATION DATE:** Indefinite

**CONTACT:** Executive Director

**DISTRIBUTION:** WIOA Title I Service Providers



Tammy Childers  
Executive Director

Attachments: Attachment A - Eastern Carolina Local Area WIOA Supportive Services Policy  
Attachment B - WIOA Participant Request for Supportive Services  
Attachment C - Agency Referral for Supportive Services Assistance

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## **EASTERN CAROLINA LOCAL AREA WIOA SUPPORTIVE SERVICES POLICY**

### **ELIGIBILITY FOR SUPPORTIVE SERVICES:**

To receive supportive services, WIOA Title I participants must be receiving staff assisted career services and actively 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. The supportive services provided must be allowable, reasonable, and not otherwise available to the participant through other programs providing such services.

Supportive services are not entitlements, are determined on an individual basis and must be supported by the demonstration of financial need. Funds used for supportive services should be utilized in a manner that avoids duplication of services and must be leveraged with all other resources, including funding from private, community and faith-based organizations.

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

***No participant shall be directly reimbursed for any supportive services, except when that supportive service is mileage reimbursement. All payments for supportive services should be paid directly to the vendor.***

### **REFERRAL PROCESS AND COORDINATION:**

Referrals should be made to other agencies/organizations in the community in which the participant resides that provide the requested service using the referral form (Attachment C) prior to providing supportive services using WIOA Title I funds.

Funding for WIOA Title I supportive services is limited and must be coordinated with other available resources. The WIOA Title I service provider must ensure that no other resources are available or that the need is urgent and referrals to other resources would delay the provision of the supportive service and create a hardship on the participant.

Since most organizations receive funding at the beginning of each new fiscal year (July 1<sup>st</sup>), WIOA Title I service providers should ensure that any participants receiving supportive services and continue to need these services beyond June 30<sup>th</sup>, are referred to other organizations that may be able to assist them in the new fiscal year.

### **DOCUMENTATION OF SUPPORTIVE SERVICES:**

Service providers must adhere to the following procedures for documenting and recording the provision of supportive services under WIOA Title I. These procedures are applicable to supportive services provided during program participation.

WIOA Title I participants must complete a request for supportive services indicating the assistance needed (Attachment B). The referral form (Attachment C) should be completed for each agency the participant seeks assistance from, or a letter from the agency/organization referred to indicating the outcome of the referral may be obtained.

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) and in the case notes on NCWorks Online. The appropriate CSS (supportive service) activity should also be entered on NCWorks Online. In addition, **all** documentation (*attendance sheets, MapQuest/Google maps, childcare provider contract and attendance record, mileage sheet, vendor invoice, etc.*) for the supportive service must be uploaded in NCWorks Online

### **APPROVED/ALLOWABLE SUPPORTIVE SERVICES:**

Supportive services are services that are necessary to enable an individual to participate in activities authorized under WIOA sec. 134(c)(2) and (3). These services may include, but are not limited to, the following:

- Linkages to community services;
- Assistance with transportation;
- Assistance with childcare and dependent care;
- Assistance with housing;
- Assistance with educational testing;
- Reasonable accommodations for individuals with disabilities;
- Referrals to health care;
- Assistance with uniforms or other appropriate work attire and work-related tools, including such items as protective eye gear;
- Assistance with books, fees, school supplies, and other necessary items for students enrolled in secondary and postsecondary education classes; and
- 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:

- Fines, penalties, interest payments, traffic violations, late finance charges, damages and other similar items;
- Refundable deposits (i.e. rent or housing deposits, utility deposits);
- Taxes;
- Child support payments;
- Membership fees (i.e. fitness club, social club, annual fees, etc.)
- Entertainment;
- Auto loan or mortgage payment (titled or deeded items);
- Business start-up costs

***These lists are not intended to be an exhaustive or exclusive list of approved/allowable or disallowed supportive services.***

### **FUNDING LIMITS:**

Support Services funds are limited and not intended to meet every need of the participant. Rather, they provide temporary assistance. Staff should work with participants in developing a plan to cover supported costs once WIOA Title I funds are no longer appropriate for or available to the individual.

### **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. The amount of WIOA reimbursement for transportation assistance will not exceed \$500.00 per month.

Reimbursement for mileage costs will be in accordance with the WIOA Title I Service Provider's policies for up to a rate not to exceed the Standard mileage Rate established by the Internal Revenue Service, while participants are engaged in WIOA activities. 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, clinical setting, or work experience (*see duration limits for work experience*).

***Service providers are not to provide gas cards and/or gift cards for the purchase of gas.***

## **CHILDCARE:**

Childcare reimbursement will be at a rate of not more than \$200.00 per week for 1<sup>st</sup> child and not more than \$115.00 per week for 2<sup>nd</sup> child for WIOA Title I participants that are attending in-person training activities (*occupational skills and/or GED/Adult High School programs*) and only for the days training is attended. Service providers should obtain a list of the fees for the childcare provider that is selected to support the cost to be paid to the childcare provider.

WIOA Title I service providers must use childcare providers licensed by the State of North Carolina. To obtain licensing information for childcare providers you can visit [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov). Use of non-licensed childcare providers is not allowed.

## **EMERGENCY ASSISTANCE:**

- a. WIOA Title I service providers may provide participants with one-time supportive services payment during emergency situations related to housing/rental assistance (*participant must be named on lease*), and utility payments (*participant must be named on utility bill or have documentation of residency at the address of the utility service*). Emergency transportation expenses such as car registration, first month's insurance fees, or vehicle repairs may be provided if such expenses are in support of a WIOA activity. Documentation of the vehicle's title/ownership (WIOA participant must be named on the title); proof of insurance and three (3) vendor quotes should be obtained prior to providing for the service, unless the vehicle had to be towed to shop. Total one-time emergency assistance for vehicle repair, car registration, first month's insurance, or emergency housing/rental assistance will not exceed \$1,000.00. WIOA Title I funds cannot be used to pay for the purchase, improvement, or routine maintenance of any assets (example: car payments, routine oil change, or mortgage payments).
- b. WIOA Title I service providers will assist participants in contacting appropriate community agencies for assistance.
- c. WIOA Title I service providers will maintain adequate documentation to support emergency or short-term housing costs that may include copies of eviction notice, utility bills, repair, etc.
- d. The WIOA Title service provider will complete all supportive service documentation prior to paying for services to support emergency assistance costs. These documents will include the following:
  1. Participant Request for Supportive Services. (*Attachment B*)
  2. WIOA Referral form completed by WIOA Title I Service Provider and partnering agency to whom services are being referred. This referral form must be returned to the WIOA Title I Service Provider to determine whether service could be provided or not. (*Attachment C*) OR
  3. Statement from other agencies indicating unavailability of funds and/or inability to provide requested assistance.
  4. Voucher or Authorization for payment
  5. Copies of eviction notices, utility bills, repairs, etc.
- e. The WIOA Title I Career Advisor should exert all efforts in seeking alternative options for the participant to resolve his/her emergency. All supportive services must be documented in the participant's individual employment plan (IEP)/individual service strategy (ISS). A supportive service activity (CSS) must be created for each type of supportive service provided. If the service is a one-time payment (such as emergency assistance), the activity is opened and closed the day of payment. The dates of the service in NCWorks Online must match the dates of service or billing period on the invoice. WIOA funds may be used to pay for these services, only if they are not otherwise available to the participant.

## **DURATION LIMITS:**

A participant's need for supportive services should be reviewed on a semester basis for those enrolled in post-secondary education and quarterly or more frequently for those enrolled in other training to determine if the need for assistance still exists. This should be documented on the IEP/ISS and case notes.

WIOA Title I participants engaged in work experience activities may receive transportation assistance, if not available through other resources for a limited period of time. This time period should not exceed eight weeks or when the participant has received their 1<sup>st</sup> check, whichever occurs first.

WIOA Title I participants in occupational skills training services may receive supportive services transportation and/or childcare assistance on a semester basis as needed. Participants enrolled in Adult High School (AHS)/General Education Development (GED) may receive assistance as needed through completion of training or at the point they are no longer attending.

#### **AVAILABILITY OF FUNDS:**

All services under WIOA Title I are subject to change due to the availability of funding.

#### **EXCEPTIONS:**

Prior approval is required for any requests exceeding funding and/or duration limits set forth in this policy. WIOA Title I service providers must submit in writing to the ECWDB Executive Director with reasonable justification any request for exceptions prior to making any payment/reimbursement.

#### **RECORDING SUPPORTIVE SERVICES ON NCWORKS ONLINE:**

All supportive services must be documented in the participant's individual employment plan (IEP)/individual service strategy (ISS). A supportive service activity (CSS) must be created for each type of supportive service provided. If the service is a one-time payment (such as a bus pass, vehicle repair, rent assistance, etc.), the activity is opened and closed the day of issuance or payment. If the service is an ongoing commitment such as transportation services, the CSS activity is to be opened and closed based on the duration in which the service is provided AND paid (*Example: if transportation is invoiced and paid in two-week increments, a transportation CSS Activity would be opened with start and end dates reflecting that two-week billing period; if childcare is paid on a monthly basis to the vendor, the activity would be opened to reflect the billing period.*). The dates of the service in NCWorks Online must match the dates of service or billing period on the invoice.

#### **REIMBURSEMENT TO WIOA TITLE I SERVICE PROVIDERS:**

- a. The WIOA Title I service provider may be reimbursed for supportive service payments and invoices upon compliance with the following requirements.
  1. The WIOA Title I service provider must ensure that WIOA participants are enrolled and actively participating in allowable WIOA activities for which support payments have been appropriated.
  2. The WIOA Title I service provider must arrange coordination with other human service agencies to eliminate duplication of services and all documentation must be completed prior to utilizing WIOA funds.
  3. WIOA Title I service provider must provide proper documentation of any supportive service payments to be submitted to the Local Area.
  4. The WIOA participant must meet attendance requirements of the WIOA program. The WIOA Title I service provider will maintain participant's attendance/time sheets documenting attendance.
- b. Reimbursement for supportive service payments and invoices will be made monthly to WIOA Title I service providers as per contract requirements.

#### **SAFEGUARDS**

All supportive services are paid directly to the vendor by the service provider. The only supportive service paid directly to participants is mileage reimbursement. Career advisors complete all required paperwork for supportive services and turn into their finance office for processing. Supportive services are documented on the IEP/ISS, in the case notes and all documentation is uploaded into NCWorks Online. The local area does not utilize gift cards for any supportive services. Service providers are encouraged to ensure that all pre-printed checks are safely guarded in a locked file cabinet. All service providers are required to submit supporting documentation for supportive services provided when submitting their monthly invoice for reimbursement. The invoice is reviewed by both fiscal and program staff at the Workforce Board. It is reviewed for accuracy and to ensure that participants are participating in the WIOA program and information has been entered into NCWorks Online. These processes have been put in place to ensure that all parties do their due diligence to safeguard WIOA funds and prevent any fraud and/or abuse.

## Workforce Innovation and Opportunity Act Participant Request for Supportive Services

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

*Please answer the following questions fully. Type or write clearly in blue/black ink so your responses can be read easily.*

**What service(s) is/are needed and for how long?**

**Why is it needed?**

**What agencies have you asked to help you with this need?**

**What were the outcomes of those requests? (Attach written response from agency)**

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I understand that Workforce Innovation and Opportunity Act funds for supportive services have certain limitations and exclusions and all requests, no matter how legitimate the need may be, may not be granted. If I am not satisfied with the decision regarding this request, I have the right to file a written request for review within ten days of receiving a response.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
WIOA Participant

### TO BE COMPLETED BY WIOA TITLE I SERVICE PROVIDER

- |  |             |
|--|-------------|
| <input type="checkbox"/> Request received. Further research indicated.                   | Date: _____ |
| <input type="checkbox"/> Referred to: _____  | Date: _____ |
| <input type="checkbox"/> WIOA Supportive Services Approved for _____                     | Date: _____ |
| <input type="checkbox"/> WIOA Supportive Services Disapproved for _____                  | Date: _____ |
| <input type="checkbox"/> WIOA funds are not available for support services at this time. | Date: _____ |

Signature: \_\_\_\_\_  
Workforce Innovation and Opportunity Act Service Provider

## Agency Referral For Supportive Services Assistance

Select County:

<input type="checkbox"/> Carteret	<input type="checkbox"/> Craven	<input type="checkbox"/> Duplin	<input type="checkbox"/> Greene	<input type="checkbox"/> Jones	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Onslow	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Wayne
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This individual is being referred to your agency for assistance as indicated below.

NAME: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

### REFERRAL TO AGENCY: (CHECK ALL THAT APPLY)

☐ Community Based Organization (specify): \_\_\_\_\_

☐ Community College

☐ DSS

☐ Faith-Based Organization (specify): \_\_\_\_\_

☐ Health Department/Community Clinic

☐ Housing Authority

☐ Job Corps

☐ Mental Health

☐ Salvation Army

☐ Services for the Blind

☐ Shelter (specify): \_\_\_\_\_

☐ Transportation Services *(only if agency assist individuals that are unable to pay)* (specify): \_\_\_\_\_

☐ Vocational Rehabilitation

☐ Other (specify): \_\_\_\_\_

### COMMENTS FROM REFERRING AGENCY:

### REFERRAL FOR SERVICE(S) (CHECK ALL THAT APPLY):

☐ Childcare

☐ Counseling *(including drug and/or alcohol abuse)*

☐ Emergency *(food, shelter, etc.)*

☐ Medical/Dental/Vision Care

☐ Transportation

☐ Unemployment Compensation

☐ Other *(specify):* \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION:

I hereby approve the release of all information that is determined pertinent to my request, including but not limited to name, social security number, phone number, financial information, class schedules and grades, employment, disability determination, and any other related information that would result in assistance with my request. I hereby acknowledge that this consent is voluntary.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### OUTCOME OF REFERRAL:

Please return this form to *(enter WIOA Title I Service Provider information)*: \_\_\_\_\_

SERVICE(S) CAN BE/WAS PROVIDED: ☐ YES ☐ NO

If no, please use the space below for explanation. If additional space is needed, please use official agency letterhead to explain why unable to provide service.

AGENCY NAME: \_\_\_\_\_

Signature of Agency Representative \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_