



Supportive Services Policy

Purpose

To establish local policy and procedures for providing supportive services, and identify the requirements operators and service providers must adhere to in providing such services to adults, dislocated workers, and youth.

References:

Supportive Services:

- WIOA Section 3(59)
- WIOA Section 134(d)(2) – Adults and Dislocated Workers
- WIOA Section 129 (c)(2)(G) – Youth
- TEGL 19-16 – March 2017

Review and Approval: August 30, 2017, at the Gloucester County Workforce Development Board Conference.
(updated 9-24-19)

General Provisions:

- Supportive services may only be provided to participants who are participating in individualized/comprehensive career or training services and are unable to obtain the services through other programs that provide such services.
- Supportive services may only be provided after it has been determined such services are necessary to enable the participant to participate in the Workforce Innovation and Opportunity Act (WIOA) activities.
- After the Title I (Adult/Dislocated & Youth) participant has been certified by the Gloucester County Employment Specialist, supportive services will be reimbursed to the participant; unless otherwise indicated such as direct service agreements for the HSE (RCGC) and Driver's Education course – forms are attached. The Title I participant, with the Employment Specialist, must complete the following documents:
 - Supportive Services Analysis Form
 - Personal Resource Worksheet – Desk Aid
 - The Gloucester County Purchasing Department's New Vendor Information
- **All Forms, including the Support Services, Purchasing vendor form, and support documentation for reimbursement, must be copied and sent to the fiscal person at the WDB to be processed for payment.**

Supportive Services include:

Linkages to community services

Assistance with Transportation

Assistance with Child Care

Assist with Housing

Assistance with educational testing

Assistance with books, fees school supplies, and other necessary items for a student enrolled in post-secondary education classes

Reasonable accommodations for individuals with disabilities

Referrals for Legal services

Referrals to health care

Assistance with uniforms

Needs-related payments (NRPs) – Due to fiscal constraints, the **Gloucester County WDB will not be utilizing the NRP.**

Assessment of Need and Documentation: The Employment Specialist and/or service provider (Youth – GCIT) must thoroughly assess the participant's need for supportive services, document the results of the assessment, and document the provision of such services through the support analysis form and worksheets. (See attachments). Additionally, the participant and Employment Specialist/service provider must develop a plan on how the participant will support a part or all of the expenses for supportive services issues once the initial assistance has been given to the participant. For example, It would not be prudent for the program to pay for gasoline expenses for two years while the participant is in training.

Coordination and Referral: The WIOA Employment Specialist and/or service provider must document the efforts made to contact and coordinate with the available partners and, if applicable, the inability of such partners to provide the needed supportive service. Linkage efforts can be documented in AOSO.

Time Limitations: Supportive services may be provided during participation in the WIOA program and up to six months after the date on which the participant completes the program for adult and dislocated worker services and during **follow-up** for adult, dislocated and youth services.

Cost Limitations: The cost of reimbursement or direct payment to participants for supportive services shall be the actual costs incurred up to the maximum amount allowed. Costs for Supportive Services must be reasonable and competitively priced. An effort must be made by the Employment Specialist/service provider to make this determination. The cost limitation includes all supportive services provided during the participant's enrollment and those supportive services provided to the customer as part of **follow-up** after exit.

Approval Authority: Supportive services are not automatic or guaranteed; they are based on participant needs and necessity to enable the participant to participate in approved programs and only when similar services are unavailable within the community. The participant's need and necessity for the supportive service must be documented in the case file, and for participants enrolled in individualized career or training services, must be included in the Individual Employment Plan (IEP) or Individual Service Strategy (ISS) (documented in AOSOS) and on the Training Support Analysis form and Income Worksheet. (See Attachment).

Cost Considerations: The cost of supportive services must be both reasonable and competitive in price. When multiple options are available for receiving supportive services, documentation must show a reasonable effort was made to determine and choose the lowest, competitively priced service available.

Approval to Exceed Limitation: In some instances, there may be a need to exceed the limitations specified by this policy. In such cases, the American Job Center (AJC) Director of Operations and/or the Workforce Development Board (WDB) Executive Director may approve actions to exceed established limitations.

The Employment Specialist /service provider will establish appropriate limits for all supportive services, which are subject to Board review and approval. Requests to exceed limitations will be forwarded to the AJC Director of Operations and/or WDB Executive Director for approval and will include:

- Client Name, AOSOS number, and last 4 digits of their Social Security Number and
- Identification of the additional supportive services needed and approximate cost and;
- Justification for request, including documentation of need and the activity it supports, and;
- Current client activity status.

The AJC Director of Operations will evaluate the request on a case-by-case basis and either approve or disapprove the request for additional supportive services within seven (7) working days.

PROCEDURE FOR TYPES OF SUPPORTIVE SERVICES

Purpose

To identify the supportive services permitted by the Workforce Development Board of Gloucester County. Supportive Services to be provided by the American Job Center at Gloucester County to the WIOA Title I (Adult, Dislocated, and Youth) participants will include linkages to community services, childcare, High School Equivalency (HSE) testing costs, transportation-related services (gas/fuel expenses), acquiring driver's license, expungement fees, basic car repairs, protective clothing, tools, and equipment along with education-related application fees. Supportive Services will begin on July 1, 2017.

Policy

Supportive Services: Implies services such as transportation, child care, HSE testing, and other related payments that are necessary to enable an individual to participate in activities authorized under WIOA. (Per section 102(b)(2)(B)(iii))

Concerning youth participants, also included but not limited to, are: linkages to community services; assistance with educational testing; reasonable accommodations for youth with disabilities; referrals to medical services; and assistance with uniforms and other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye gear. Linkages to community services include but are not limited to, free legal aid to help with the expungement of criminal records, securing government

identification, and linkages to organizations that provide youth the opportunity to develop leadership skills through service to the respective communities. (WIOA NPRM)

Supportive services for Adults and Dislocated Workers may only be provided when they are necessary to enable individuals to participate in career services or training activities. This includes the provision of information relating to the availability of supportive services. For Youth, this is one of the fourteen program elements required by WIOA to support the attainment of a secondary school diploma or its recognized equivalent, entry into post-secondary education, and career readiness for participants.

Linkages to Community Services: Assistance in providing linkages, referrals, and accurate information about the availability of supportive service assistance not provided or funded by WIOA. These services may include, SNAP, temporary assistance for needy families (TANF), veteran's assistance funds, financial assistance for education, county public assistance funds, etc.

Transportation Assistance: Transportation assistance is authorized to include the issuance of WaWa gift cards to help with the cost of transportation by the customer to the training site and the first 30 days of unsubsidized employment. The customer will be issued a \$50 WaWa gift card for the first two weeks of training. The calculation is \$5.00 per day of training with a cap of \$100 WaWa gift card per month until the training is completed. The customer must appear at the American Job Center to be issued the gift card by the Employment Specialist. The training vendor and/or the customer will need to verify their attendance to the Employment Specialist. The lifetime fuel/gift card cap is \$2,000.

Driver's License- Because of the limited public transportation in Gloucester County, supportive service assistance is granted to Title I participants that need a driver's license. Participants must take part in the contracted driver's education course supplied by the GC WDB.

Driver's Education Couse: Drivers' Education Course will be provided to Title I (adult/dislocated and youth) participants if the participant does not have a valid driver's license. The **driving permit course** held monthly at the AJC (DATE TBD) is open to individuals who never had a license and those with a revoked or suspended license. The **six-hour behind-the-wheel driver's education and testing are only provided to Title I participants that never had a driver's license issued.**

Basic Car Repair: Supportive service cost for emergency car repairs is authorized. Participants must have approval from the WDB Executive Director, the One-Stop Operator, or the Supervisor before assistance is provided. Preventive maintenance work is not covered as a supportive service.

Childcare: Childcare assistance may be provided by a daycare provider to participants who are not able to participate in WIOA programs without such assistance. This includes participants who are in danger of dropping out or making less than satisfactory progress due to unsatisfactory or unreliable childcare arrangements. The Gloucester County WDB will provide to the training customer \$100.00 per week for the first child with an additional \$50.00 per week for each additional child. The payment will be made directly to the Title I customer. Childcare Assistance Program will help cover the cost for infants/toddlers, preschool, before and after school care, and summer programming.

The Title I customer must submit a childcare contract indicating the cost per month and/or a cancelled check(s) indicating payment. The documents should be given to the Employment Specialist who will then forward the items to the WDB fiscal person. Additionally, It is contingent upon the Title I customer to supply the Employment Specialist with verification of attendance to either classroom training or career services.

Protective Clothing, Uniforms, Tools, and Equipment: Supportive services assistance is authorized for protective clothing, uniforms tools, and equipment required for participants to enroll and participate in training programs or other employment under WIOA. These items may include eyewear, steel-toed shoes, work-related or training-related tools, equipment, uniforms, etc. If these items are required as part of the training program curriculum yet not covered under the training contract, the use of supportive services can be utilized.

Items not included in a training program curriculum are supportive services if they are provided to the participant. To authorize supportive services for protective gear, it must be determined the items are necessary to protect the participant's health and safety. Tools and equipment procured for participants to obtain employment after they have completed a training program must be fully justified by an employer's statement, or by sources other than the participant.

Education Related Application Fees (Youth): Supportive service aid is authorized for the payment of application fees to educational institutions. These are fees that are paid to determine a participant's eligibility and acceptance at the educational institution and which will allow the client to obtain information on financial aid awards. An example includes the cost of college application fees. To be reimbursed, the youth must provide documents that the expense incurred.

High School Equivalency (HSE) testing cost: Supportive service assistance is authorized for the reimbursement or direct payment of the High School Equivalency (HSE) testing cost. Should the Title I customer not use Rowan College of Gloucester County (RCGC) to take the HSE test, the Title I customer must supply the Employment Specialist with the receipt of payment from an authorized NJ HSE testing site. Testing for HSE includes the Hi-Set, TASC, and GED.

TWIC Card - Supportive Service assistance is approved for The Transportation Worker Identification Credential, also known as TWIC®, as required by the Maritime Transportation Security Act for workers who need access to secure areas of the nation's maritime facilities and vessels. TSA conducts a security threat assessment (background check) to determine a person's eligibility and issues the credential. Copy of the TWIC Card receipt must be given to the Employment Specialist for reimbursement. Applicants should go to the website at: <https://www.tsa.gov/for-industry/twic>

Physical Site location:

Identogo

Lakeside Professional Campus

190 N Evergreen Ave Suite 101

Woodbury, NJ 08096-1862

Expungement fees: Supportive service assistance is granted to Title I participants for the reimbursement of expungement costs. Receipt of the fees must be supplied to the Employment Specialist for processing. The Title I participant must indicate that they are following the expungement process by producing the expungement kit to the Employment Specialist and **participating in the AJC's expungement workshop**.

Coverage of expungement fees includes the cost of fingerprinting, mailing costs, and court fees. For more information see the following website: www.nj.gov/corrections/pdf/OTS/FRARA/.../10557_expunge_kit-11-2012.pdf.

SUPPORTIVE SERVICES CHART

| Service | Limit | Approval to Exceed Limit |
|--|---|---|
| Total Supportive Services | \$ 10,000 | WDB Ex. Director or AJC One-Stop Operator |
| Linkage to Community Services | None | N/A |
| Laptop computer + Software | \$2,000 est amount TBD | WDB Ex. Director or AJC One-Stop Operator |
| Basic Car Repair | \$800 | WDB Ex. Director or AJC One-Stop Operator |
| Transportation-Related Services (WaWa GAS CARD) | Cumulative maximum of \$2,000 | WDB Ex. Director or AJC One-Stop Operator |
| Driver's License Education (Permit & behind the wheel) | TBD getting prices from driving schools | WDB Ex. Director or AJC One-Stop Operator |
| Protective Clothing, Tools & Equipment | \$600 | WDB Ex. Director or AJC One-Stop Operator |
| Education Related Application Fees (Youth) | \$300 | WDB Ex. Director or AJC One-Stop Operator |
| TWIC Card | New applicant: \$125.25 Replacement card: \$60 Renewal: \$ 108.00 | WDB Ex. Director or AJC One-Stop Operator |
| HSE (TASC, HiSet, and GED) | \$300 | WDB Ex. Director or AJC One-Stop Operator |
| Expungement | \$500 | WDB Ex. Director or AJC One-Stop Operator |
| Child Care | \$200 per week for the first child with \$100 per week for each additional child. | WDB Ex. Director or AJC One-Stop Operator |

| | | |
|--|---------------|--|
| | Limit \$5,000 | |
| | | |

¹ The frequency of supportive services delivered to each participant is based on their Individual Employment Plan (IEP) or Individual Service Strategy (ISS).

Training Support Analysis Form

1. Are you unemployed or have you received notification of a layoff?
 Yes No
2. Do you currently qualify for UI benefits?
 Yes No
3. Do you currently qualify for additional state or extended UI benefits?
 Yes No
4. Do you currently qualify for Trade Re-adjustment Allowances (TRA)
 Yes No
5. Are you receiving any other federal or state income support? (Examples: WFNJ – TANF or GA)
 Yes No
6. Have you considered all other resources available that will help you successfully participate in your full-time training program? [Examples of other resources include, but are not limited to, Pell grants, severance pay, and other family income (e.g. spouse's income)]
 Yes No
7. Do you need support, such as childcare and transportation, beyond these other resources to participate in training full-time?
 Yes No

All answers and statements are true and complete to the best of my knowledge. I understand that providing untruthful or misleading answers is cause for denial of support. Any fraud based on my false or misleading answers could result in my repayment of any support provided.

Participant Signature

Date

Employment Specialist Signature

Date

Personal Resource Worksheet – Desk Aid

| Monthly Income | | Monthly Expenses | |
|---|--|--------------------------------|--|
| Personal | | Rent/Mortgage | |
| Spouse/Partner | | Electricity | |
| Other Family Members | | Heating | |
| Child Support | | Water/Sewage | |
| Social Security | | Telephone | |
| Maintenance/Alimony | | Cable/Wi-Fi | |
| Retirement | | Monthly Auto Payments | |
| Workers Compensation | | Day Care | |
| Social Security | | Food | |
| Unemployment Insurance | | Clothing | |
| Public Assistance | | Fuel | |
| Other: | | Public Transportation | |
| | | Car Insurance | |
| | | Monthly Credit Card Payment | |
| | | Medical Insurance | |
| Total Monthly Income | | Total Monthly Expenses | |
| Participant's Net Income (Income Minus Expenses) | | | |

I certify that the above is true and accurate to the best of my knowledge. I further understand that any receipt of support series is contingent upon the availability of funds.

Participant Signature

Date

Employment Specialist Signature

Date

Supportive Services Form

Name: _____ Date: _____

LAST 4 of SS# _____

AOSOS # _____

Eligibility Type: (Circle one)

Adult

Dislocated

Youth

Supportive Services (check all that apply)

Wawa Gas (Card #) _____ Date issued: _____
 \$50 \$100

Reason (check all that apply) training individualized career services follow-up services

*HSE Test: (check one) TASC HiSet
Type of Test: (check one) Initial Re-take
Date of scheduled HSE test or retest: _____

Car Repair (amount: \$ _____)

Protective clothing, uniforms, tools equipment (amount: \$ _____)

TWIC Card (amount: \$ _____)

*Drivers Education check one : Permit only Permit, behind the wheel & driver's test

Child Care (amount: \$ _____)

Expungement (amount: \$ _____)

Education Related Application Fees (youth) (amount: \$ _____)

Employment Specialist: _____

(Print Name)

_____ (Signature)

Please send the form, with support/backup documentation such as receipts, to Ashley Rastelli by either e-mail Arastelli@co.goucester.nj.us or fax: 856-384-6938

* indicates a contracted service, therefore support documents are not necessary; forward Support Services form to Ashley Rastelli.

NEW VENDOR INFORMATION OR VENDOR NAME CHANGE

Requesting Department: Economic Development – Workforce Development Board

Purchase Order Address

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone #: _____ Fax: _____

Social Security #: _____

E-mail Address: _____

Remittance Address:

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone #: _____ Fax: _____

E-mail Address: _____

Please have Title I customer fill out and send the form to Ashley Rastelli by either e-mail at arastelli@co.goucester.nj.us or fax: 856-384-6938

HSE Testing Referral Form

Date: _____

Name: _____ Customer ID #: _____

Eligibility Type: (Circle one) Adult Dislocated

Name of HSE Test: (Circle one) TASC HiSet

Type of Test: (Circle one) Initial Re-take

Approved Testing Fee Amount: (PO # 17-07104)

Employment Specialist: _____
(Print Name)

Please send the form to Ashely Rastelli either by e-mail at arastelli@co.goucester.nj.us or fax: 856-384-6980

L-6 Authorization for Disclosure

NJ Department of Education
HSE Testing Unit
 PO Box 500
 Trenton, NJ 08625

Of HSE/GED Documents and Information

I (We) hereby authorize the NJ Department of Education and the applicable HSE/GED user jurisdiction (collectively the "HSE/GED Testing Program") to provide copies of the documents, information, and/or records identified below to the following third party: Site/Name: American Job Center

Address: 1480 Crown Point Road

City/State: Sewell, New Jersey Zip Code: 08080

The specific information, documents, and/or records that I am authorizing the NJ Department of Education; HSE/GED Testing Program to release are: (Please indicate the particular test and specific test date(s) for which materials are being requested.)

HSE/GED Testing records for the individual identified below:

In requesting and authorizing disclosure of these documents, information, and/or records, I hereby agree to the following:

1. I understand and acknowledge the HSE/GED Testing Program's right to make an independent determination, at its sole discretion of whether the information and records identified above are subject to disclosure under the HSE/GED Testing Program's policies for disclosing information to third parties.
2. I hereby release the NJ Department of Education, the HSE/GED Testing Program, its employees, its attorneys, its governing bodies, and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified above.
3. I agree that this authorization is valid until such time as the NJ Department of Education; HSE/GED Testing Program has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the documents or information specified above to the third party identified above. In the event that permission is withdrawn, the NJ Department of Education; HSE/GED Testing Program shall nevertheless remain fully protected from any and all claims and liability relating in any way to information released by the NJ Department of Education; HSE/GED Testing Program prior to its receipt of the written withdrawal notice and to any actions of the third party.
4. I understand that subject to its independent determination, the NJ Department of Education; HSE/GED Testing Program will disclose the designated material that it has at the time it receives my request. I also understand that in the absence of an additional request from me, the HSE/GED Testing Program will not provide information that becomes available at a later date.

I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my own free will.

Please print your name:

Signature of Candidate:

If you have previously taken the GED/HSE test under a different name, please indicate that name below:

Candidate's SSN/SIN:

Date of Birth:

Date:

Signature of Candidate's Parent or Guardian (if the candidate is under 18 years of age)
