

**SAN DIEGO WORKFORCE PARTNERSHIP, INC.**

**WORKFORCE  
INVESTMENT ACT**

**ADULT AND DISLOCATED  
WORKER**

**REVISED SUPPORTIVE SERVICES POLICY AND  
PROCEDURES**

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WORKFORCE INVESTMENT ACT  
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**SAN DIEGO WORKFORCE PARTNERSHIP  
WORKFORCE INVESTMENT ACT**

**SUPPORTIVE SERVICES POLICY AND PROCEDURES  
Adult and Dislocated Workers**

**I. STATEMENT OF PURPOSE**

The purpose of this policy is to define policies and procedures and establish guidelines and requirements to be followed by Adult and Dislocated Worker Program Providers and Supportive Services Providers with detailed information regarding policy, regulations and procedures when administering supportive services to ensure a successful Supportive Services Program.

These policies and procedures are intended to:

- Provide guidelines and requirements for Program Providers and Supportive Services Providers when administering supportive services to customers;
- Provide a streamlined process for approval and administering of supportive services;
- Ensure accurate and timely tracking of expenditures; and
- Ensure that similarly situated customers receive comparable supportive services.

**II. BACKGROUND AND SUPPORTIVE SERVICES DEFINITION**

While the Workforce Investment Act (WIA) Title I law and regulations are the guiding legislation for these policies, they are not intended to divert or change allowable activities under other grants. This document is intended to set policy for WIA-funded supportive services provided to Adults and Dislocated Workers. Required forms can be found in Exhibits D-1 through D-5.

Supportive service requirements referenced in this policy come from the WIA Law, WIA Final Rule, and WIA Directives:

- A. WIA Law - Sections:
  - 1. 101(46)
  - 2. 134(d)(2)(H) & (e)(2)(A) & (B) & (G)
  - 3. 181(b)(7) & (e)
- B. WIA Final Rule, Sections 663.800, 663.805, & 663.810
- C. WIA Directive WIAD03-10, Subject: WIA Allowable Costs
- D. WIA Directive WIAD00-2, Subject: WIA Procurement

WIA Law: Section 101 (46) Supportive services. – The term “supportive services” means 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 title, and consistent with the provisions of this title.

### **III. SAN DIEGO WORKFORCE PARTNERSHIP POLICY**

It is the policy of the San Diego Workforce Partnership (Workforce Partnership) to provide supportive services to customers in accordance with the law and regulations, as summarized in Section II above. The Workforce Partnership will ensure, to the extent possible, that similarly situated customers receive similar supportive services.

The Workforce Partnership, Partners, Program Providers, and Supportive Services Provider shall follow the standard framework of procedures outlined in this policy, derived from guidelines of WIA and local policies. These guidelines shall be followed to the extent possible and are applicable across all Workforce Partnership Adult and Dislocated Worker grants, funds, and programs. Workforce Partnership, Partners, Program Provider, and Supportive Services Provider staff are expected to be familiar with and to follow these policies.

The following applies:

WIA-funded supportive services may only be provided to Adult and Dislocated Worker registrants:

1. Who are actively participating in approved training, job search or employment retention services and have not yet exited;
2. Who are unable to obtain such supportive services through other programs providing similar services; and
3. Whose supportive services need is based on an assessment and is consistent with and documented as a barrier on the customer's Individual Employment Plan (IEP).

Supportive services may only be provided to customers when they are necessary to enable the customer to participate in WIA Title I activities.

### **IV. LIMITATIONS**

Participation in a WIA program shall not be construed as an entitlement for a customer to be provided with supportive services. While a participant may be eligible for supportive services, participants do not have an unrestricted right to such supportive services. The needs of each participant should be determined based on individual assessment and as documented in the IEP. The Workforce Partnership may establish limits on the provision of supportive services, including the maximum amount of funding available to customers.

### **V. RESPONSIBILITIES**

#### **A. Supportive Services Provider Responsibilities**

The intent of the Supportive Services Provider is to make supportive services available to eligible customers. The services received by each customer shall be no or low-cost services except in the event the services do not exist. When this occurs, the Supportive Service Provider shall utilize WIA funds to assist with the customers' need. The Supportive Service Provider

shall accept unconditional fiduciary responsibility for issuing federal funds on behalf of the Workforce Partnership as specified in this policy, and as written in their current contract to provide Adult and Dislocated Worker supportive services. Furthermore, the Supportive Services Provider shall utilize the appropriate checks and balances necessary to guarantee the integrity of the Workforce Partnership's WIA Supportive Services Program.

The Supportive Services Provider shall ensure that duties of staff dispersing supportive service payments are separated so that no one individual has complete authority or control over an entire financial transaction. For example, the person conducting the assessment, the person processing the payment and, if a payment is mailed, the person mailing out the check shall not be the same person.

The Supportive Services Provider must follow the guidelines of this policy, including the information contained in the attached exhibits, when providing supportive services to customers.

The Supportive Services Provider shall ensure local systems are in place for the review, approval, and payment of supportive services pursuant to current regulations, directives, and Workforce Partnership policies and procedures. Expenditures shall be tracked in the Customer Information Services Reporting System (CISRS) and in-house, by means of electronic and manual customer files. All supportive services payments and collection of back-up documentation (i.e. receipts, invoices, bills, etc.) will be the sole responsibility of the Supportive Services Provider. In the event the Supportive Services Provider desires to create forms to enhance the flow of supportive services, the Workforce Partnership's Program Specialist must first approve the forms. The Supportive Services Provider shall provide Program Provider staff and Workforce Partnership staff with training on any of the new forms and/or procedures.

The Supportive Services Provider shall research and consult other sources of supportive services, based on available programs or services offered by partner agencies or other resources. The Supportive Services Provider, Program Provider staff, and customer must closely examine eligibility and time constraints to acquire supplementary resources. This is to assure full benefit from supplementary sources and avoid unnecessary time lapses of service that would impact a customer's ability to participate in WIA Title I activities. WIA funded supportive services will **only** be issued if other resources are not available or if untimely delivery of other services would create a hardship for the customer.

Further responsibilities include:

1. Optimum Customer Service and Satisfaction

To provide and maintain optimum customer service and guarantee customer satisfaction, Supportive Services Provider shall ensure that supportive services visits are scheduled at least once a week at locations listed in Section X or as described in their current contract.

2. Approval/Denial of Supportive Services Requests

The Supportive Services Provider will approve or deny services based upon the customer's need for and ability to benefit from the service(s) while following guidelines outlined in this policy and these procedures. A denial of supportive services shall be communicated to the Program Provider staff immediately following the supportive services appointment or upon determination of denial. The Supportive Services Provider shall provide a copy of the Supportive Services Form (Exhibit D-1) with the notation that the service request was denied to the customer; the original form will be kept in the customer file maintained by the Supportive Services Provider. The denial shall be documented in the customer's CISRS case notes.

3. Utilization of Other Resources

The Supportive Service Provider shall explore and document in a CISRS case note all other non-WIA community resources available to provide the necessary services before accessing WIA funds. Supportive services shall be coordinated accordingly with partnering agencies (which may also have enrolled or co-enrolled customers) to avoid duplication of services.

4. Customer Tracking System

The Supportive Services Provider will ensure that a file system based on sound office organizational practices is in place. Each customer file shall contain, at a minimum, the following documents:

- a. Supportive Services Form (Exhibit D-1) signed by the customer, Program Provider, and Supportive Services Provider staff;
- b. Itemized Childcare Application (Exhibit D-2) signed by Program Manager (*if applicable*);
- c. Childcare Provider Receipt (Exhibit D-3) signed by the customer and Child Care Provider (*if applicable*);
- d. Customer/Mileage Travel Log (Exhibit D-4) signed by customer (*if applicable*);
- e. Supportive Service Face-to-Face Waiver (Exhibit D-5) signed by the Program Manager and approved by Workforce Partnership Program Specialists (*if applicable*); and
- f. Documentation which supports the provision of supportive service such as receipts or copies of invoices.

5. Customer Information Service Reporting System – CISRS

The Supportive Services Provider shall ensure that documentation for supportive service payments and all supporting documentation is entered into CISRS within three (3) working days from the service date.

6. Payment Tracking System

The Supportive Services Provider shall ensure that all Supportive Services Forms for customer requests of supportive services vouchers and/or payments are processed within one

(1) business day in order to meet the customer’s needs in a timely manner.

A record of checks issued on behalf of a customer and/or supportive services voucher issued to the customer must be maintained. These records shall include the date of issuance, check or voucher number, payee, and description of service paid. This information shall correspond to the Supportive Services Form, supporting back-up documentation, and receipts in the customer’s file.

The primary documentation for a vendor payment is the vendor’s invoice and/or statement. It must include:

- Vendor’s name, address, and phone number;
- Invoice number;
- Invoice date;
- Customer’s name;
- Date expense was incurred and an itemized list of services provided or merchandise purchased; and
- Payment amount.

#### 7. Supportive Services Provider Records Review

The Supportive Services Provider shall ensure that records of supportive services provided to customers as well as the Supportive Services Provider’s financial records pertaining to supportive services payments are made available for review by local, state, and federal monitors. All financial records must meet financial management standards that are consistent with Generally Accepted Accounting Principles (GAAP) and the Workforce Partnership’s Operations Manual, Chapter VI, Financial Management, including information to provide:

- a. A comparison of actual expenditures with budgeted amounts of each funding stream;
- b. Support for accounting records to ensure proper charging of costs and cost allocation; and
- c. Tracking of expenditure levels of each funding source to establish that funds have not been used in violation of the applicable restrictions on the use of funds.

The Supportive Services Provider’s records must be maintained in accordance with record retention requirements so that Workforce Partnership staff and/or monitors are able to verify accuracy, appropriateness, and timeliness of record keeping by the Supportive Services Provider.

#### d. Monthly Outstanding Receipts Report

The Supportive Services Provider shall also submit via electronic mail to the Program Provider and Workforce Partnership Program Specialist by the 5<sup>th</sup> day of each month, a “Monthly Outstanding Receipts Report” by funding source, grant, and location with the following information:

- Name of the customer;
- Customer case number;



- Date of service(s) listed separately;
- Amount of the outstanding receipt(s); and
- Receipt(s) due date(s).

#### 8. Supportive Services Funding Cap

The Supportive Services Provider shall ensure that the total supportive services expenditures for each CCN customer does not exceed the maximum allowable caps as detailed in Exhibit D-6. Both the Supportive Service Provider and the Program Provider shall adhere to the maximum cap guidelines set forth in Exhibit D-6. Any modifications to the current policy will be issued under an operational issuance and shall supersede the current policy.

*Note: The Supportive Service Provider may receive different grant funds that may outline different caps per customer. The cap will be stated in the scope of work attached to the Supportive Service Provider contract.*

Supportive Services may only be used for the following items: Auto Insurance, Auto Repair, Books, Bus Pass, Childcare, Clothing Voucher, DMV Registration, Equipment, Exam Fee, Food Voucher, Gas Card, Health Care, Legal Services, License/Certification Fees, Rent, Temporary Shelter, Tools, Uniforms, and/or Utility Bills.

#### 9. Failure to Comply

The Supportive Services Provider shall be placed on corrective action for failure to meet the responsibilities as set forth in this policy. Failure to comply with the corrective action or responsibilities stated in this policy by the Supportive Services Provider may cause termination of the contract between the Workforce Partnership and Supportive Services Provider.

### **VI. SUPPORTIVE SERVICES PROCESS AND RESPONSIBILITIES**

#### **A. Program Provider**

When a customer indicates a need for supportive services, the following process shall be followed:

##### 1. Determination of Need

The Program Provider shall determine the customer's initial need for supportive services. This determination shall be based upon the needs of the customer that are creating a barrier to employment and upon the following:

- a. A review of the customer's need for the service in order to participate in WIA activities;
- b. An interview with the customer and/or as indicated by an assessment and as indicated within the customer's IEP;
- c. Completion of section I, II, and III on Supportive Services Form (Exhibit D-1); and

d. Documentation of a financial barrier within the IEP.

## 2. Referral for Supportive Services

The Program Provider shall make the referral to the Supportive Services Provider for supportive services as follows:

- Enter activity code 93 (or subsequent code assigned) and document the referral in a case note in CISRS;
- Complete Supportive Services Form (Exhibit D-1) sections I, II, and III ;
- Schedule an appointment for the customer to meet with the Supportive Services Provider;
- Ensure that the forms and supporting documents (such as mileage logs, third party vendor information, training/class information) are provided to the Supportive Services Provider at the time of the customer's supportive services appointment.

*Referral from a Program Provider does not guarantee customer eligibility for the requested service, nor is it a guarantee that the service is allowable. All Providers shall be familiar with allowable supportive services as stated in Exhibit D-6.*

## B. Supportive Services Provider

Once the Supportive Services Provider receives a supportive services referral from the Program Provider, the following process shall be adhered to:

### 1. Verification of Need

- a. The Supportive Service Provider shall verify the need of service based on the referral made by the Program Provider as documented in CISRS and on the Supportive Services form (Exhibit D-1).
- b. The Supportive Services Provider shall exhaust free- or low-cost services prior to utilizing WIA funds. This shall be documented in CISRS and on the Supportive Services form (Exhibit D-1).

### 2. Supporting Documentation

- a. The Supportive Services Provider shall obtain all of the properly completed forms along with the supporting documentation as appropriate and meet with the customer (*If the supporting documentation and forms are incorrect or incomplete, refer to numbers 6 & 7 below*).
- b. The Supportive Services Provider shall provide an action for the customer for each service that is received. For example if a customer receives food assistance, the action for the customer would be to establish eligibility for food stamps through Health and Human Services Agency (HHSa).

### 3. Supportive Services Form

The Supportive Services Provider shall review the Supportive Services Form and any additional forms, as applicable, for the supportive service request to ensure the following:

- That the service requested is necessary to enable the customer to participate in WIA funded services, including: training, skills enhancement, job search, or employment retention activities;
- That all forms have all of the appropriate signatures and dates;
- That a financial barrier has been documented within the customer's IEP;
- That the supporting documentation provided is appropriate for the service requested;
- That other outside agencies' resources are unable to provide the service; and
- That all avenues to obtain services from other resources have been exhausted.

### 4. Processing the Request

The Supportive Services Provider in conjunction with the customer must complete the following steps to process the supportive services application:

- a. Review Section I-General Information and Section II-Customer Statement of Need for accuracy and completeness of the Supportive Services Form;
- b. Complete Section III-Outcome Report of Supportive Service Form;
- c. Review with customer Section IV-Acknowledgement of Receipt Requirement of Supportive Services Form; and
- d. Have both customer and Supportive Service Provider sign Section IV of the Supportive Services Form.

### 5. Documentation of Services

The Supportive Services Provider shall document the supportive services payments within three (3) working days from the date of service in CISRS.

- a. Enter activity code 81 in CISRS;
- b. Costs of WIA funded supportive services shall be documented with the detail section of activity code 81 as "program cost" and "actual cost"; and
- c. Enter a case note documenting the service(s) provided.

*Note: At a minimum the case note shall include the following:*

- *Customer's name and supportive services requested;*
- *What other alternatives have been exhausted in an effort to obtain services;*
- *What WIA supported activity(ies) are in jeopardy of completion without this assistance;*
- *List the supportive services received by the customer and its cost; and*
- *Grant funds used to pay for the services and the total to date customer has received in Supportive Services assistance.*

The Supportive Service Provider shall document in-kind supportive services provided to CCN customers such as clothing, transportation assistance, and food within three (3) working days from the date of service in CISRS.

- a. Enter activity code 95 non-WIA Funded Supportive Services;
- b. Costs of in-kind supportive services shall be documented within the detail section of activity code 95 as “actual cost”; and
- c. Enter a case note documenting the in-kind service(s) provided.

The Supportive Service Provider shall document referrals provided to CCN customers such as information pertaining to food banks, TANF, and free/low cost health care via a case note in CISRS.

## 6. Receipts

The Supportive Services Provider shall collect the receipts from the customer by the date listed in Section III of the Supportive Services Form (Exhibit D-1).

If the customer fails to return the receipts in full by the due date the following must be adhered to:

- a. Telephone the customer requesting the receipts and explain that no further supportive services will be provided until the receipts are received in full.
- b. Notify the Program Provider and Workforce Partnership Supportive Services Program Specialist via electronic mail of the outstanding receipts and that no further supportive services will be processed for the customer until the receipts are collected.
- c. Send a follow-up letter to the customer requesting the receipts and notifying the customer that no further supportive services will be provided until receipts are received. A copy of this letter must be in the customer’s file maintained by the Supportive Service Provider.

In the event that a previously enrolled and returning customer failed to provide receipts, the One-Stop Career Center manager shall have the authority to determine whether or not to allow the provision of supportive services.

*Note: Refer to Section VII for a description of an appropriate receipt.*

## 7. Missing or incomplete Forms

If at the time of the customer’s appointment the supporting documentation is missing or not appropriate for the service requested, the following process shall be followed:

- a. If form D-1 sections I, II, and III are not complete, the Program Provider and the Supportive Services Provider will work together to complete the form.

- b. The customer may need an additional appointment with the Supportive Service Provider to obtain all documents.
- c. All efforts to obtain missing documents shall be documented in CISRS.

NOTE: Any additional appointment(s) the customer may need shall not disrupt the customers' ability to benefit.

### C. Supportive Services Forms

#### 1. Supportive Services Form (Exhibit D-1)

Shall be completed and signed by both the Program Provider and Supportive Services Provider as follows:

- **Program Provider**

- *Section I - General Customer Information;*
- *Section II - Customer Statement of Need* – Shall be filled out by customer stating what supportive services are necessary and explaining why there is a need. Customer must sign and date form certifying that no other available resources are available; and
- *Section III - Supportive Services Request & Outcome Report* – Shall list the supportive services needs of the customer and the amount being requested.

- **Supportive Service Provider**

- *Section III - Supportive Services Request & Outcome Report* - Shall be filled out by the Supportive Services Provider at the time of the supportive services appointment.
- *Section IV - Acknowledgement of Receipt Requirement* - Shall be signed by customer acknowledging receipt of supportive services received. Documentation of services provided via vendor payment must be returned in the amount received within the allotted time or no additional services will be provided.

#### 2. Itemized Childcare Application (Exhibit D-2)

Shall be filled out by customer and Childcare Provider. Customer must obtain a copy of Childcare Provider's License or, for Non-Licensed care, a copy of the Caregiver's right-to-work documentation (copy of Driver's License and social security card or I-9 verification) and provide to Supportive Service Provider. The Supportive Services Provider shall sign and date the completed form.

*Note: The Form must be completed prior to a referral to supportive services for childcare.*

#### 3. Childcare Provider's Customer Receipt (Exhibit D-3)

Shall be completely filled out by the Childcare Provider. The form must be signed by the Childcare Provider and customer when returned to the Supportive Services Provider.

4. Customer Mileage/Travel Log (Exhibit D-4)

Shall be completed by the customer when receiving transportation assistance and returned to the Supportive Services Provider **within thirty (30) calendar days of receipt of transportation assistance.**

5. Supportive Services Face-to-Face Waiver Request (Exhibit D-5)

- a. In the event that a Face-to-Face Waiver is necessary due to scheduling conflicts or in cases where a customer may be receiving services such as childcare for multiple months, the Program Provider Manager shall complete the Waiver Request Form and fax it to the Workforce Partnership Supportive Services Program Specialist. An electronic mail must also be sent to the Program Specialist as a follow up to ensure fax was received.
- b. The Workforce Partnership Supportive Services Program Specialist will review the request and determine if a waiver will be granted.
- c. The Workforce Partnership Supportive Services Program Specialist will approve or deny waivers via electronic mail to the Supportive Services Provider, Program Provider Manager/staff, and Program Provider's staff.
- d. If a waiver is granted, the Supportive Service Provider shall keep a copy of the Supportive Services Waiver Request form and the e-mail approval in the customer's file. The Supportive Services Provider must document all waivers in the customer's CISRS case notes.

NOTE: Supportive Service Provider shall not accept any forms on which white out has been used. Forms containing corrections/changes must have changes/corrections lined out and be initialed by the individual making the correction/change.

## **VII. SUPPORTING DOCUMENTATION AND RECEIPT REQUIREMENTS**

### **A. Supporting Documentation**

Supporting documentation, for purposes of this policy, refers to the appropriate and necessary verification needed to justify payments to vendors/agencies and/or supportive services vouchers to customers before a service is provided.

The appropriateness of the supporting documentation depends upon the nature of the supportive services expense and whether it is a vendor/agency payment or supportive services voucher request.

Supporting documentation is also described in Section IX under each supportive services category.

1. Documentation must be able to support the supportive services request and should include at a minimum the following:
  - a. Verification of the customer’s participation in a WIA Title I activity;
  - b. Purpose of the request (such as employer/training provider information that states that the service is a requirement);
  - c. Dates of the service, (such as school paperwork that shows the days/dates the customer is attending training); and
  - d. The name, address, and telephone number of the Vendor.

## **B. Receipts**

Receipts for purposes of this policy refer to the original invoices, statements, and receipts necessary to verify that a supportive service has been provided. A receipt must contain enough information so that a monitor or auditor can determine the validity of the receipt. At a minimum a receipt shall contain:

1. Name, address, and telephone number of the company or service provider;
2. Date of service or services;
3. What was purchased or what service was provided;
4. Amount of the service; and
5. If the service was provided by an individual, the signature of the provider.

The Supportive Services Provider must obtain original receipts for each supportive service provided or as stated in Section VIII below and under the Receipts section for each supportive services category.

Note:

- a. A note scribbled on a sheet of paper is not considered an acceptable receipt. A receipt with the above information may be provided from an invoice receipt book.
- b. Failure to return appropriate documentation and/or receipts shall result in suspension of supportive services to the customer until such receipts and/or documentation is provided. Receipts are also referenced in Section IX in each supportive services category.**
- c. Supportive Service Provider shall not accept documentation/receipts on which white out has been used. Documentation/receipts containing corrections/changes must have changes/corrections lined out and be initialed and dated by the individual making the correction/change.

## **VIII. SUPPORTIVE SERVICES CATEGORIES**

### **A. Child Care Payments**

It is the policy of the Workforce Partnership to pay for both licensed and non-licensed

childcare for services rendered to customers who have a documented need. Customers in training are eligible to receive childcare assistance for the hours spent in approved training and travel time to and from the school in addition to visits to the Career Center or Program Site. Customers in job search activities are eligible to receive childcare assistance for time spent in WIA job search activities and employment interviews, including travel time.

In addition, due to the nature of the service, customers may receive on-going supportive services for a maximum period of three months without having to meet with the Supportive Services Provider.

It will be the responsibility of the Program Provider to ensure the customer continues to be eligible for the supportive service and that such service is required to assist the customer with participating in WIA funded activities the subsequent months. Information obtained pertaining to the Customer no longer being WIA eligible for child care assistance must be communicated to the Supportive Services Provider immediately via a telephone call and electronic mail, and documented in CISRS.

The following applies when processing a Supportive Services Form for childcare:

1. Non-licensed childcare providers must be 18 years or older and be eligible to work in the United States and copies of right to work verification must be obtained by Supportive Services Provider's staff and kept in the customer's file.
2. Licensed childcare providers must provide a copy of a valid license to the Supportive Services Provider's staff, which shall be kept in the customer's file.
3. A completed Itemized Childcare Application (Exhibit D-2) form signed by the customer, Program Provider, and Supportive Services Provider must be attached to the Supportive Services Application.
  - a. A separate Itemized Childcare Application is needed for each child;
  - b. The Supportive Services Provider shall ensure the rate of payment (i.e. hourly, daily, etc.) from the supporting documentation is reflected and detailed on the Itemized Childcare Application; and
  - c. A copy of the birth certificate for each child receiving childcare services must be maintained in the Supportive Services Provider's customer file.

*Note: Signature of Program Provider and Supportive Services Provider certifies that an approved Itemized Childcare Application is on file for each childcare provider and is consistent with the terms of the Supportive Services Application.*

Supporting documentation:

- Information containing the childcare provider's address, location, telephone number and rate of payment, (i.e. hourly, daily, weekly or monthly);
- Paperwork indicating the days and hours the child is to attend childcare (such as ITA



- paperwork indicating the days of school attendance); and
- Valid childcare license or right-to-work documents.

*Note: It is the customer's responsibility to verify a Childcare License is valid, by telephoning the California Department of Social Services at (619) 767-2200. The California Department of Social Services can verify the license is valid by looking up the Childcare Provider's license number. By marking the "yes" box and signing the Itemized Childcare Application form, the customer is acknowledging that they have verified the validity of the childcare provider's license.*

*Note: If the customer is enrolled in training and has a child(ren) in daycare that is paid by the month (meaning payment is required to hold the child's spot in daycare) then the childcare payments shall continue during school breaks and sick days.*

Receipts:

- a. Childcare Provider's Receipt (Exhibit D-3); and
- b. The original copy of the receipt given to the customer by the Childcare Provider (if any).

*Note: The Workforce Partnership and its Supportive Services Provider only assist with the payment of childcare. The Workforce Partnership and its Supportive Services Provider takes no legal responsibility for securing or ensuring appropriate childcare. Selection of a childcare provider is the sole responsibility of the customer seeking supportive services assistance for childcare. **The Supportive Service Provider shall inform the customer of this disclaimer when providing this type of service.***

Payment:

- a. Prior to any payment for childcare, the request must be approved in advance and the customer made aware of the amount that is allowable. Childcare payments will be made as a payment to the childcare provider so long as the appropriate documentation/receipts have been received.

**B. Health Care**

Health Care may include medical, dental, and optical care. Other available resources should be thoroughly investigated before WIA Title I funds are used for Health Care.

Supporting documentation:

- a. Estimates from the Health Care provider; or
- b. An itemized invoice from the Health Care provider.

Receipts:

- a. The Health Care provider receipt indicating the name of the customer, the service performed, date of service, and the amount paid.

*Note: Health Care services shall only be paid for when they are necessary to enable the customer to participate in WIA Title I activities. The Workforce Partnership and its Supportive Services Provider only assist with the payment of Health Care. The Workforce Partnership and its Supportive Services Provider takes no legal responsibility for securing or ensuring appropriate Health Care. Selection of a health care provider is the sole responsibility of the customer seeking supportive services assistance for Health Care related needs. **The Supportive Service Provider shall inform the customer of this disclaimer when providing this type of service.***

### C. Housing and Utility Bills

Supportive Services Request for the payment of rent or a utility bill may only be made when the customer is at risk of eviction or disconnection of services and requires the following documentation:

#### 1. Rent

Supporting documentation:

- a. A rental or lease agreement bearing the customer's name or the name of a member of the customer's family and current address; and
- b. An original eviction notice with the landlord's address and telephone number signed by the landlord reflecting the amount of rent due and the corresponding dates.

Receipts:

- a. Rental or lease provider receipt, with the landlord's name, address and telephone number and indicating the name of the customer, date paid, and the amount paid.

*Note: Payment of rental or lease deposits are not an allowable expense. Mortgage payments are not an allowable expense.*

*Note: The term "Family" referred to above must follow the WIA 101 (15) definition of family as stated below:*

*WIA 101 (15) The term "family" means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:*

*(A) A husband, wife, and dependent children.*

*(B) A parent or guardian and dependent children.*

(C) *A husband and wife.*

*Note: If the customer's name is not on the lease, then another source must be used to show the customer is a resident of the address for which the rent is being paid.*

## 2. Temporary Shelter

Payment for temporary shelter shall only be used in situations where a customer finds him/herself in need of emergency lodging. This service should only be provided after all other available resources have been exhausted, e.g. family, friends, Salvation Army, etc.

Supporting documentation

- a. Paperwork from the temporary place of shelter outlining the cost per day and including the name of the customer on the receipt.

Receipts

- a. The original receipt from the temporary place of shelter with the number of days spent at the place of shelter and the cost per day; and including the name of the customer on the receipt.

## D. Utility Bills

Shall only be paid when the customer is at risk of losing utilities and must be documented by one of the following:

Supporting documentation:

- a. An original bill bearing the customer's name or the name of a member of the customer's family (see definition of family above) and current address, the amount due, due date.
- b. An original notice of disconnect bearing the customer's name or the name of a member of the customer's family (see definition of family above) and current address, the amount due, and due date.

Receipts:

- a. Utility company receipt indicating the name of the customer, the service, and the amount paid; or
- b. The next month's bill reflecting the payment made.

## **E. Transportation Assistance**

When selecting the type of payment, (Gas Card, Bus Pass or Bus Tokens) the Supportive Services Provider must determine the first and most reasonable means of getting to and from the WIA activity. In addition, due to the nature of the service, customers may receive on-going supportive services for a maximum period of three months without having to meet with the Supportive Services Provider. However, it will be the responsibility of the Program Provider staff to ensure customer continues to be eligible for the supportive service and that such service is required for the subsequent months. This must be communicated to the Supportive Services Provider in a timely manner and documented in CISRS. In cases when a customer is receiving on-going transportation assistance, a Supportive Service Face-to-Face Waiver (Exhibit D-5) must be submitted to and approved by the Workforce Partnership Program Specialist prior to the service being delivered.

### **1. Gasoline Card – Bus Pass – Bus Tokens**

Supporting documentation:

- a. An internet-based program such as Mapquest shall be used to determine and/or estimate the miles the customer will travel to and from the WIA supported activity(ies). A hard copy of this information shall be placed in the customer's file;
- b. For those customers who are enrolled in training and/or have been placed but not yet exited, the calculation to determine the "actual amount of cumulative customer travel incurred that is directly related to the WIA supported activity(ies)" shall be as follows: Number of miles to and from the WIA supported activity(ies), multiplied by the number of days of the week attending, multiplied by the prevailing amount per mile allowed by the IRS.
- c. For those customers who are in job search, the calculation to determine the "actual amount of cumulative customer travel incurred that is directly related to the WIA supported activity(ies)" shall be as follows: Number of miles to and from home to the Career Center and/or job search/interviews, multiplied by the number of estimated days of the week this will occur, multiplied by the prevailing amount per mile allowed by the IRS.

*Note: Supportive Service Provider shall provide the customer the current IRS amount per mile.*

Receipts:

- a. Copies of the Gasoline Card or Bus Pass with the customer's signature and the date received.
- b. Customers receiving transportation assistance via a Gasoline Card shall complete a Customer Mileage/Travel Log (Exhibit D-4) in order to document the trips and miles traveled to and from the WIA supported activities during the month the assistance was issued.
- c. Supportive Services Provider must collect the completed Customer Mileage/Travel

Log (Exhibit D-4) and calculate the mileage traveled by the customer to ensure the actual amount of cumulative customer travel incurred equates to the amount of assistance provided. In the event that the dollar amount that is calculated in the Customer's Mileage/Travel Log is less than the amount of assistance provided, the customer will be ineligible to receive any additional monies within this category.

*Note: In instances where a customer is issued a gasoline card labeled, as "fuel only" receipts will not have to be collected. The vendor providing the gasoline cards must send a signed written letter stating that the gas cards are for gas purchases only. A copy of the vendor's letter shall be kept on file with the Supportive Services Provider as documentation.*

## **F. Vehicle Repairs – Registration – Insurance**

Prior to payment of vehicle repairs, registration or insurance, the Supportive Services Provider must determine the first and most reasonable means of getting to and from the WIA activity.

### **1. Vehicle Repairs**

The Workforce Partnership's Procurement Policy, Operations Issuance 2003-11 issued October 25, 2002, must be followed when providing for vehicle repairs.

Supporting documentation:

- a. One bid and/or estimate from vehicle repair shop; or
- b. For self-repairs, one itemized list, bid or estimate from an auto parts store.

*Note: The lowest priced bid, estimate or listed price will be paid.*

Receipts:

- a. An original receipt from a vehicle repair shop that details the service performed and the costs; or
- b. For self-repairs, an original itemized receipt from an auto parts store (labor is not an allowable charge for self repair).

### **2. Vehicle Registration**

Supporting Documentation:

- a. Department of Motor Vehicles (DMV) bill bearing the customer's name or the name of a family member (family as defined above), amount due, and the due date; or
- b. DMV printout with the customer's name or name of the customer's family, amount due, and the due date.

Receipts:

- a. DMV receipt bearing the customer's name or name of a family member, amount, and date paid; or
- b. DMV printout with the customer's name or name of a family member, amount, and date paid.

### 3. Vehicle Insurance

May only be paid when the customer is at risk of losing vehicle insurance coverage.

Supporting Documentation:

- a. Insurance company bill bearing the customer's name or the name of a member of the customer's family, amount due, and the due date and that the customer is at risk of losing coverage.

Receipts:

- a. Insurance company receipt/statement of payment with the customer's name or name of the customer's family member, amount, and date paid.

## **G. Career Wardrobe, Tools, and Equipment**

Supportive services assistance will only be used in situations where a customer is in need of specific clothing items, tools, or equipment required by employers, training providers, or required for job interviews.

Supporting documentation:

- a. The customer must submit a list of specific items and costs needed to participate in the WIA activity or new employment position; and
- b. Verification that the clothing, tools, or equipment are a requirement for training, or employment (such as a letter or brochure from the school or employer or written acknowledgement from the Program Provider's staff).

Receipts:

- a. Itemized receipt with the costs from the company or store where the clothing, tools, or equipment was purchased.

## **H. Food**

The Supportive Services Provider will be responsible for maintaining food vouchers and a food pantry or developing partnerships with local food pantries for customers requiring assistance with food.

Receipts:

- a. A copy of the food voucher provided with the customer's signature and date of receipt; and
- b. Original receipt(s) from the food voucher store totaling the amount of the voucher.

#### **I. Legal Services**

The Supportive Services Provider may offer or create partnerships with providers of legal services. Legal services may only be provided for customers whose criminal record is a barrier to employment and who qualify for expunction of those records.

*Note: The Workforce Partnership and its Supportive Services Providers only assist with the payment of legal services, as specified above. The Workforce Partnership and its Supportive Services Providers take no legal responsibility for securing or ensuring appropriate legal services and it is the sole responsibility of the customer seeking such legal service assistance. The Supportive Service Provider shall inform the customer of this disclaimer when providing this type of service.*

#### **J. License/Certification**

License/Certification fees are allowable only when the expense directly relates to a condition of employment, training and/or for the purpose of interviewing for an employment position.

*Note: Supportive service funds may not be used to pay for any actual cost of training unless so permitted in a program's grant as detailed in (Exhibits D-4 and up).*

Supporting documentation:

- a. Customer must submit a list of specific tests or exams and associated costs; and
- b. Verification that the testing or exam is needed to participate in the WIA activity or new employment position.

Receipts:

- a. Receipt from the licensing/certifying agency totaling the costs of the exam or license; and
- b. A copy of the license or certificate.

### **IX. RESTRICTIONS**

#### **A. Program Participation**

Neither eligibility for, nor participation in a WIA program creates an entitlement to services and nothing in the WIA shall be construed to establish a private right of action for a customer to obtain services described in the objective assessment of the IEP.

**NEW: Participants who are not actively engaged in One-Stop Career Center services are not eligible to receive supportive services.**

**B. Business Capitalization**

WIA funds cannot be used to capitalize a business. For example, purchasing tools as a post-employment/exit service for a customer who is, or will become, self-employed following the completion of training.

**C. Deposits**

The Workforce Partnership will not pay or reimburse for any type of deposits, e.g. rental, utilities, lease, etc.

**D. Mortgage and Car Payments**

Program funds cannot be used to buy real estate or cars, e.g. payment of mortgages or car payments for customers.

**E. Union Activity**

Program funds cannot be used to support organizing a union or pay for union organizing activities.

**F. Consumer Goods**

The Workforce Investment Act (WIA) prohibits the purchase of non-consumable goods with WIA Supportive Services Program funds. Program funds cannot be used for the purchase of non-consumable products, including but not restricted to alcohol or tobacco products, beauty products, and flowers. Supportive services funds may not be used to pay for car washes or auto detailing.

**G. Supporting Documentation and Receipts**

If a customer received a supportive service and has failed to return the appropriate documentation/receipts within the designated timeline, no additional supportive services may be given to that customer until such receipts are provided.

**H. Taxes**

WIA-funds cannot be used to pay for property or income taxes.

**I. Fines, Penalties and Late Fee's**

Program funds cannot be used to pay for fines, civil or criminal penalties, or late fees.



**X. LOCATIONS**

Generally, supportive services are provided to customers at the One-Stop Career Centers listed below. However, certain programs do require services to be provided to customers at other locations. These locations shall be provided to the Supportive Services Provider, as needed.

**ONE-STOP CAREER CENTER LOCATIONS**

**EAST COUNTY CAREER CENTER**

924 East Main Street  
El Cajon, CA 92021  
Phone: (619) 590-3900  
Fax: (619) 579-4720

**METRO CAREER CENTER**

3910 University Avenue  
San Diego, CA 92105  
Phone: (619) 516-2200  
Fax: (619) 516-2298

**SOUTH COUNTY CAREER CENTER**

1111 Bay Boulevard, Suite E  
Chula Vista, CA 91911  
Phone: (619) 424-1112  
Fax: (619) 424-1144

**SOUTH METRO CAREER CENTER –  
GRANT HILL BRANCH**

3295 Market Street  
San Diego, CA 92102  
Phone: (619) 233-6829  
Fax: (619) 233-6363

**ESCONDIDO LIBRARY**

239 S. Kalmia Street  
Vista, CA 92084  
Phone: (760) 806-8980

**SPRING VALLEY LIBRARY BRANCH**

836 Kempton Street  
Spring Valley, CA 91977  
Phone: (619) 667-0133  
Fax: No dedicated line

**NORTH COUNTY COASTAL CAREER CENTER**

1949 Avenida Del Oro, Suite 106  
Oceanside, CA 92056  
Phone: (760) 631-6150  
Fax: (760) 631-6161

**NORTH COUNTY INLAND CAREER CENTER**

463 N. Midway Drive  
Escondido, CA 92027  
Phone: (760) 871-1962  
Fax: (760) 871-1978

**SOUTH METRO CAREER CENTER**

4389 Imperial Avenue  
San Diego, CA 92113  
Phone: (619) 266-4200  
Fax: (619) 266-4261

**SERRA MESA/KEARNY MESA LIBRARY BRANCH**

9005 Aero Drive  
San Diego, CA 92123  
Phone: (858) 715-0442

**VISTA TOWNSITE COMMUNITY PARTNERSHIP**

642 Vista Village Drive  
Vista, CA 92084  
Phone: (760) 806-8980

**BONITA-SUNNYSIDE LIBRARY BRANCH**

4375 Bonita Road  
Bonita, CA 91902  
Phone: (619) 472-6602  
Fax: (619) 472-5916

**EXHIBITS**

- A. Exhibit D-1 – Supportive Services Form**
- B. Exhibit D-2 – Itemized Childcare Application**
- C. Exhibit D-3 – Childcare Provider’s Receipt**
- D. Exhibit D-4 – Supportive Services Customer Mileage/Travel Log**
- E. Exhibit D-5 – Supportive Services Face-to-Face Waiver**
- F. Exhibit D-6 – Supportive Services Maximum Caps**

**SUPPORTIVE SERVICES FORM**

**SECTION I: GENERAL CUSTOMER INFORMATION**

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 WIA Application#: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Grant Code: \_\_\_\_\_ Location/Center: \_\_\_\_\_

**SECTION II: CUSTOMER STATEMENT OF NEED**

\_\_\_\_\_  
 \_\_\_\_\_

**I certify that I have exhausted all reasonable means of acquiring the requested Supportive Services from other sources and the assistance is necessary for my continued participation in WIA Title I activities.**

**I understand that a referral for supportive services does not guarantee eligibility for the requested service, nor is it a guarantee that the service is allowable. Additionally, neither eligibility for, nor participation in a WIA-Funded Program, creates an entitlement to services and nothing in the WIA Act shall be construed to establish a private right of action for a customer to obtain services described in the objective assessment or the Individual Employment Plan.**

**Furthermore, I certify that the above information is true and correct to the best of my knowledge.**

**SECTION III: SUPPORTIVE SERVICE REQUEST & OUTCOME REPORT**

SUPPORTIVE SERVICE AND AMOUNT REQUESTED	SUPPORTIVE SERVICE OUTCOME	AMOUNT PROVIDED:	TYPE OF RECEIPT AND DUE DATE:
	<input type="checkbox"/> Provided Service <input type="checkbox"/> Service Pending <input type="checkbox"/> Service Denied		
	<input type="checkbox"/> Provided Service <input type="checkbox"/> Service Pending <input type="checkbox"/> Service Denied		
	<input type="checkbox"/> Provided Service <input type="checkbox"/> Service Pending <input type="checkbox"/> Service Denied		

**SECTION IV: ACKNOWLEDGEMENT OF RECEIPT REQUIREMENT**

I understand that I am required to return proper receipts and/or documentation that is requested for the purchases and services that I have received from the Supportive Services Provider. I understand that if the required receipts and/or documentation in the amount and by the due date detailed above are not returned there will be no additional Supportive Services provided to me.

Customer Signature: \_\_\_\_\_ Date: \_  
 Career Center Representative Signature: \_\_\_\_\_ Date: \_  
 Supportive Service Staff Signature: \_\_\_\_\_ Date: \_

**ITEMIZED CHILDCARE APPLICATION**

<b>Customer Name:</b>	<b>Date:</b>
<b>WIA Application #:</b>	<b>Customer Phone #:</b>
<b>Child's Name:</b>	<b>Child's Age:</b>
<b>Grant Code:</b>	<b>Location/Center:</b>

<b>Childcare Provider Name:</b>	<b>Childcare Provider Phone #:</b>
<b>Childcare Provider Address:</b>	
<b>Childcare Provider License # or Right-to-Work Documents:</b>	<b>Customer has verified Childcare Provider's License is valid:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Reason for Request:</b> _____ _____ _____	
Supporting Documentation: _____	
Days of care requested: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Hours of care requested: ____Monday ____Tuesday ____Wednesday ____Thursday ____Friday ____Saturday	
Childcare Provider's Cost: <input type="checkbox"/> Hourly \$_____ <input type="checkbox"/> Daily \$_____ <input type="checkbox"/> Weekly \$_____ <input type="checkbox"/> Monthly \$_____	
Amount Requested: \$ _____	<b>Allowable Amount:</b> \$ _____

**Referral from a Program Provider does not guarantee customer eligibility for the requested service, nor is it a guarantee that the service is allowable.**

**Neither eligibility for, nor participation in a WIA Funded Program, creates an entitlement to services and nothing in the WIA Act shall be construed to establish a private right of action for a client to obtain services described in the objective assessment or the Individual Employment Plan.**

<b>Customer Signature:</b>	<b>Date:</b>
<b>Career Center Representative Signature:</b>	<b>Date:</b>
<b>Supportive Services Provider Signature:</b>	<b>Date:</b>

**CHILDCARE PROVIDER'S RECEIPT**

<b>Customer Name:</b>	<b>Date:</b>
<b>Child's Name:</b>	<b>Child's Age:</b>
<b>Childcare Provider Name:</b>	<b>Childcare Provider Phone #:</b>
<b>Childcare Provider Address:</b>	

**ATTENDANCE RECORD FOR THE MONTH OF \_\_\_\_\_**

Days of the Month:	Time-In	Time-Out	Time-In	Time-Out	Total # of Hours:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Childcare Provider's Cost:  Hourly \$ \_\_\_\_\_  Daily \$ \_\_\_\_\_  Weekly \$ \_\_\_\_\_  Monthly \$ \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (By signing this document the customer is certifying the information contained herein is accurate and correct.)

Total Amount Received by Childcare Provider: \$ \_\_\_\_\_

**Childcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (By signing this document the childcare provider is certifying the information contained herein is accurate and correct. Also provider must submit the completed form along with their own receipt before any additional payments may be sent.)

**SAN DIEGO WORKFORCE PARTNERSHIP  
SUPPORTIVE SERVICES CUSTOMER MILEAGE/TRAVEL LOG**

This form must be submitted to the Supportive Service Provider by the date indicated on the Supportive Service Form

<b>Customer Name:</b>	<b>Date:</b>
<b>WIA Application #:</b>	<b>Grant Code:</b>
<b>WIA Funded Activity:</b>	<b>Career Center:</b>
<b>Travel Start Date:</b>	<b>Travel End Date:</b>

\*Fill in the actual odometer mileage readings in the start and end columns. Calculate the total number of miles and the amount of mileage reimbursement.

Date	Purpose or Nature of Business	Travel		*Odometer Reading		# of Miles Traveled
		From	To	Start	End	
				Total Number of miles		
				Total Mileage (@\$. /mile)		
				Total Parking Costs		
				<b>GRAND TOTAL</b>		

I hereby certify that this report of mileage traveled to and from WIA supportive service activities is true and correct. Additionally, I have provided a copy to the Supportive Services Provider.

Customer Signature	Date
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If you fill up one page, please start over on another sheet

**SUPPORTIVE SERVICES FACE-TO-FACE WAIVER REQUEST**

<b>Customer Name:</b>	<b>Date:</b>
<b>Social Security #:</b>	<b>Application Number/Grant Code:</b>
<b>Career Center Representative:</b>	<b>Location:</b>
<b>Career Center Representative Phone #:</b>	<b>Career Center Representative Fax #:</b>

<b>FACE TO FACE WAIVER REQUEST</b>	
<b>Service Requested:</b>	<b>Amount: \$</b>

**REASON/DESCRIPTION**

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**I agree that denial of this supportive service will jeopardize or significantly impact the customer’s ability to participate in WIA-funded activities toward their employment and/or training goals.**

**Program Manager Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Manager Signature:** \_\_\_\_\_

**SUPPORTIVE SERVICES MAXIMUM CAPS  
ADULT AND DISLOCATED WORKER**

**I. SUPPORTIVE SERVICES**

WIA-funded Adult and Dislocated Worker supportive services are provided from WIA-formula funds for clients throughout the One-Stop Career Center Network. Additionally, any programs administered by the Workforce Advancement Division fall into this category.

Supportive services shall be provided to WIA Adult and Dislocated Workers as long as funding is available. Allowable supportive services are listed in the San Diego Workforce Partnership’s Supportive Services:

**II. TABLE OF WIA ADULT AND DISLOCATED WORKER SUPPORTIVE SERVICES  
MAXIMUM EXPENDITURE CAPS**

The table below indicates the maximum client lifetime supportive services expenditure caps.

<b>MAXIMUM CLIENT EXPENDITURE CAPS</b>	
Individuals enrolled and active in WIA activities	\$150.00
Individuals enrolled in either WIA or non-WIA funded training	\$ 500.00*

\*Clients enrolled in WIA funded training that have exceed the \$500 cap, may receive additional assistance to pay for textbooks and/or testing and exam fees that are required by the service provider to complete training. This is the only exception to the expenditure cap; supportive services will not be given to clients for any other items other than textbooks and/or testing and exam fees. Program Provider and Supportive Service Provider shall adhere to standard policy and procedures for referral and distribution of these services.