


Date: September 22, 2008

To: Pacific Gateway Workforce Investment Network Staff
WIN Sub-Recipients

From: Bryan S. Rogers 
WIB Executive Director

Subject: **POLICY MEMORANDUM: WIB-18
SUPPORTIVE SERVICES POLICY**

EFFECTIVE DATE

This policy is effective upon date of issue. It supersedes Policy Memorandum WDB-18 Supportive Services dated April 28, 2008.

PURPOSE

The purpose of this policy is to address the issuance of supportive services available to customers of the Pacific Gateway Workforce Investment Network (Network), and provide guidance to Network staff when assessing need and providing supportive services to customers. The provision of any and all supportive services is contingent upon the availability of funding.

POLICIES AND PROCEDURES

1. Supportive services may be provided to customers enrolled in a WIA and/or Special Project program when it is determined **necessary** to enable participation in such programs and when the customer cannot afford to pay for such services on their own.
2. Prior to issuing any supportive services, program staff and/or the customer must verify that these same services are not available through non-WIA or Special Project funded sources to ensure the customer is not receiving duplicate services.
3. The attached Supportive Services Matrix (**Attachment A**) lists the allowable supportive services items available for participants of Network-funded programs. Supportive services may be provided for Special Project participants if specified in the grant.
4. A Supportive Services Waiver must be submitted and documented for each item when the following applies:



- The service is not on the Supportive Services Matrix; or
 - The cost of the service exceeds the maximum amount indicated on the Matrix
5. Payments may not be requested for expenses incurred prior to enrollment of any program. Payments may not be requested for bad debts, i.e., late service charges, penalties, tickets, and/or fines.
 6. Where feasible, payments should be made payable to the entity providing the service. If customer has provided adequate proof of payment, reimbursement may be payable to the customer. The customer's signature is required to document receipt. Therefore, payment cannot be sent via U.S. Mail. Proof of payment must accompany Check Request when submitted to the Network's Financial Management Unit for reimbursement.
 7. Where this policy specifies "one-time only" payment (e.g., rent and utilities) the Network staff member requesting the one-time payment must verify the customer is able to make subsequent payments.
 8. WIA customers who have been exited may receive supportive services (20 CFR Part 652 663.820 – 840) for the 12-month follow-up period when necessary to enable the customers to participate in follow-up services.

TYPES OF SUPPORTIVE SERVICES

A. Vouchers

Vouchers are pre-purchased and maintained by the Network's Trustee. Each designated staff is responsible for notifying the customer of their requirement to return a receipt(s) for items purchased in the amount of the voucher, and return the monetary balance, if applicable, before additional supportive services of any kind may be provided. For WIA Youth, each subcontractor is responsible for purchasing and maintaining their supportive services including documentation.

Gas Vouchers

When issuing gas vouchers in support of training, employment, or job search, the designated staff must indicate on the VOS "Case Notes" screen that appropriate documentation has been verified. For non-learning lab sites, documentation must be maintained in the customer file. Such documentation may include Internet travel mileage information (MapQuest, Yahoo Maps, etc.) and documentation of activity on Job Search log.

Food Vouchers

When food vouchers are issued, designated staff must inform each customer of unacceptable nonfood items such as: magazines, tobacco or alcohol. Customer is required to provide a return receipt for items purchased. Upon review of the receipt, if any of the purchases are disallowed or if a balance appears on the

receipt, customer is required to return the difference of the voucher to the designated staff.

Attire Vouchers

When clothing vouchers are issued designated staff must provide insight as to the appropriateness of the work attire. Customer is required to return a receipt for items purchased. Upon review of the receipt, if any of the purchases are disallowed or if a balance appears on the receipt, customer is required to return the difference of the voucher to designated staff.

B. Reimbursements

All disbursement or reimbursement requests must be submitted on a Check Request Template (**Attachment B**) and be accompanied by supporting documentation, i.e., copies of all appropriate receipts, invoices, or itemizations, when submitted to the Network's Financial Management Unit.

Gas Reimbursement

When issuing gas reimbursement in support of training, employment, or job search, designated staff must indicate on the VOS "Case Notes" screen that appropriate documentation has been verified. For non-learning lab sites, documentation must be maintained in the customer file. Such documentation may include Internet travel mileage information (MapQuest, Yahoo Maps, etc.) and documentation of activity on Job Search log.

NON-LEARNING LAB SITES

SUPPORTIVE SERVICE PROCESS FOR NON-LEARNING LAB SITES

A. Harbor WorkSource Center

Staff located at the Harbor WorkSource Center must ensure that the Network's Supportive Services guidelines contained in this policy, as well as any City of Los Angeles policy (LA City WIA Directive No. 03-40), including specific forms, are followed.

B. Youth Opportunity Center

All YOC staff, administering Youth Special Projects, and WIA Youth Subcontractors must follow the Network's Supportive Services guidelines contained in this policy.

Supportive Services for WIA-enrolled youth, **as defined** in WIA Section 101 (46), **may include** the following:

- a.) Linkages to community services;
- b.) Assistance with transportation;
- c.) Assistance with child care and dependent care;
- d.) Assistance with housing;

- e.) Referrals to medical services; and
- f.) Assistance with uniforms or other appropriate work attire and related work tools, including such items as eyeglasses and protective eyewear.

WIA Youth Subcontractors must have authorization to provide supportive services outside of the defined list (a-f). If supportive services are not identified on their approved budget, subcontractors must obtain pre-approval prior to issuance. Subcontractors must coordinate with Youth Opportunity Center staff to ensure that required forms and supporting documentation is accurately provided.

REQUIRED DOCUMENTATION FOR NON-LEARNING LAB SITES

1. Supportive Services Matrix – Attachments A

The Matrix outlines the pre-approved supportive service items available to customers unless a specific grant indicates otherwise. Special Projects – please refer to Network Program Supervisors or Budget Analyst for specifics.

2. Check Request Template – Attachment B

This form must be submitted when requesting cash reimbursements. All check requests must be submitted with accompanying supporting documentation.

3. Supportive Services Logs – Attachment C

The Network's Trustee must maintain all Supportive Services Logs to track supportive services issued to individual programs and maintains inventory of any unused vouchers, receipts, or monetary change. This includes regular updates when inventory is replenished. Designated Trustee from the Harbor WorkSource Center must return their Center's supportive services log to the Network Trustee when all listed supportive services items have been disbursed. YOC staff, administering Youth Special Projects, and WIA Youth Subcontractors must also maintain supportive services logs.

4. Youth Individual Service Strategy (ISS) – Attachment D

Per WIA Youth program requirement, the ISS is developed in partnership with the customer and must be regularly reviewed and updated to reflect their progress and continuing needs. The ISS shall reflect necessity for supportive services. WIA Youth Subcontractors must maintain an ISS for each customer enrolled. YOC staff administering Youth Special Project may not be required to maintain an ISS, depending upon specific project requirements.

5. Customer Budget Summary (Not required for WIA Youth) – Attachment E

This form must be completed during the initial counseling session or when a change in the customer's financial status has occurred.

6. Supportive Service Request Form/Waivers – Attachment F

This form must be used for all initial and multiple supportive service requests. Justification of need, anticipated duration and amount for each supportive service

item is required. The original form must be maintained in the customer's file for all supportive services requested.

The **Waiver** Section of the form must be completed for each occurrence and duration if the following applies:

- The service is not identified on the Supportive Services Matrix; or
- The cost of the service exceeds the maximum amount indicated on the Matrix

7. Childcare Provider Documentation Form – Attachment G

This form must be used when requesting support services for childcare payments. However, if the customer has paid for the services directly and is requesting reimbursement, a paid receipt or cancelled check payable to the childcare provider must be maintained in the customer file. Original receipts and form must be maintained in the customer's file and recorded on their Supportive Service tracking form.

8. Customer Supportive Services Tracking Form – Attachment H

This form must be used to record each supportive service and voucher (Preordered: Gas, Clothing, Food, etc.). It identifies issuing staff, type, grant code, total amount, customer name and signature, date and change of address if necessary and support services provided to the customer. It is the issuing staff's responsibility to ensure this form is completed at the issuance of each supportive service. The customer's signature is required to document their receipt of support services.

LEARNING LAB SITES

SUPPORTIVE SERVICE PROCESS FOR LEARNING LAB SITES

(Refer to Attachment I – Supportive Service Process Flow Diagram for Learning Lab Sites)

Each Learning Lab site will have one designated staff that will handle the distribution of supportive services, as well as updating the Virtual One Stop (VOS) System, and documenting receipt of supportive services. Designated staff from each learning lab site must coordinate with the Network Trustee to ensure that supportive service process is properly implemented at their respective centers.

1. Network staff must assess the customer to determine if supportive services are needed. If need is demonstrated, Network Staff submits a request for supportive service through the "Case Notes" section of the VOS System. Case notes must document the following:
 - Supportive service items requested including amount and quantity
 - Justification for each supportive service requested
 - Date requested

2. The Team Champion retrieves supportive services requests from VOS and indicates on customer's case notes that such requests have been approved or denied.
3. The Network's Trustee of the Financial Management Unit retrieves approved supportive services requests from VOS and notifies designated staff for each center if and when supportive services are ready for pick up.
4. Designated staff from the respective learning lab centers notifies customer of the supportive service ready for pick-up.
5. Designated staff issues supportive service to customer and document receipt of the supportive service on the Supportive Services Log (**Attachment C**).
6. Designated staff must update VOS and indicate on the "Case Notes" screen that the supportive service item has been issued or provided.
7. Designated staff must update the VOS System's "Programs" screen and add appropriate activity code for supportive services.

Each supportive service item request must be separately documented in the Virtual One-Stop System.

REQUIRED DOCUMENTATION FOR LEARNING LAB SITES

Documentation of supportive services for learning lab sites relies primarily on the Network's Virtual One-Stop Case Notes including supportive services requests, approval, and verification of documents.

1. Supportive Services Matrix (Attachment A)

The Adult matrix outlines the pre-approved supportive service items available to customers unless a specific grant indicates otherwise. Special Projects – please refer to program managers for guidance.

2. Check Request Template (Attachment B)

The attached Check Request template is necessary when requesting supportive services reimbursements. All check requests must be submitted with accompanying supporting documentation.

3. Supportive Services Logs (Attachment C)

The Network's Trustee must maintain all Supportive Services Logs to track vouchers or bus passes issued to individual programs and maintains inventory of any unused vouchers, receipts, or monetary change. This includes regular updates when inventory is replenished. Designated trustees from each learning lab center must return their center's supportive services logs to the Network Trustee when all listed supportive services items have been disbursed.

REFERENCES

20 CFR Part 652 663.800 – 663.840

20 CFR Part 652 664.440

CONTACT

Should you have any questions regarding this Policy Memorandum, please contact Cherie Gomez at 562.570.4715 or TTY 562.570.4629.

BSR:mh



Pacific Gateway Workforce Investment Network Supportive Service Matrix (08/08)

(Applies to all Network-funded Programs and Special Projects when grant budget permits. Payments may not be requested for bad debts, i.e., late service charges, penalties, tickets, and/or fines.)

SUPPORTIVE SERVICE	MAXIMUM AMOUNT	GUIDELINES
AUTO		Direct proof of vehicle ownership is required for assistance with all auto-related expenses. Bank stubs or statements will not be accepted as proof of ownership.
Payment	\$250.00	One time payment only, not to exceed maximum. Payment may represent only one month's worth of auto payment. Bank stubs or statements will not be accepted as proof of the monthly payment amount unless they provide direct proof of the vehicle description.
Insurance	\$100.00	One time payment only, not to exceed maximum. Payment may represent only one installment period.
Misc. Repairs	\$200.00	One time payment only, not to exceed maximum. At least two estimates required.
Tires	\$200.00	One time payment only, not to exceed maximum. At least two estimates required.
BOOKS/COMPUTER SOFTWARE OR SUPPLIES	\$300 Per semester up to one year	<i>Must maintain documentation in customer file regarding book(s) as a condition of employment or in support of job search (WIA only).</i>
		An itemization of books/costs must accompany requests and must include the cumulative amount of book costs for the semester.
		It is at the discretion of WIA supervisors to determine if books required by school, CVT, or OJT employer should be charged to the training/tuition cost category (Tuition/Educational Fiscal Authorization required) or the supportive services cost category.

ATTACHMENT A

SUPPORTIVE SERVICE	MAXIMUM AMOUNT	GUIDELINES		
CHILD CARE (Includes CalWORKS) Licensed 1 Child: 2 Children: 3 + Children: Unlicensed 1 Child: 2 Children: 3 + Children:	<u>Hourly</u> \$2.50 \$3.75 \$5.00 <u>Hourly</u> \$2.00 \$3.00 \$4.00	<u>Weekly (Full-Time Only)</u> \$125.00 \$187.50 \$250.00	<u>Monthly (Full-Time Only)</u> \$500.00 \$750.00 \$1,000.00	Total for "hourly rate" may not exceed 50 hours per week.
				Total "weekly rate" may not exceed \$500 per month.
				Up to 20 hours per week of child care assistance is allowable for job search.
		Original Day Care Provider Documentation Form must be provided to Financial Services Unit. Copy must be maintained in customer file. Check disbursements issued monthly.		
		Child care hours should be verified by school or work schedules.		
		Customer must be the custodial parent or legal guardian of child for whom he or she wishes to receive child care assistance (for WIA, as indicated in WIA eligibility paperwork) .		
		WORK ATTIRE	\$200.00 May be in the form of gift cards and/or P-card purchase	Clothing vouchers may be provided for customer to purchase work/interview attire/uniforms for customer only. Customer must provide receipts for total amount.
CREDENTIALS, LICENSES, CERTIFICATIONS, TESTING, FINGERPRINTING, BACKGROUND CHECKS, PROCESSING FEES	\$500.00	Based upon assessment and/or condition of employment. One time per certification. Supportive services may be provided for required Industry Certification Bundles within the maximum threshold of \$500 per certification. Includes offsite GED testing.		
DENTAL	\$250.00	Must provide documentation regarding emergency dental care needs. One time payment only, not to exceed maximum.		

ATTACHMENT A

SUPPORTIVE SERVICE	MAXIMUM AMOUNT	GUIDELINES
DMV Registration Smog Test CA Driver's License/ID Printout	Per DMV Cost Per DMV Cost Per DMV Cost Per DMV Cost	One time payment only, not to exceed maximum. Proof of vehicle ownership required. Payment may represent only one year's registration. As needed for employment or training. As needed for employment or training.
EYE EXAM/GLASSES	\$150.00	Must provide documentation regarding eye care needs. One time payment only, not to exceed maximum.
FOOD Vouchers	\$150.00 No more than \$50.00 per visit	Original receipts must be submitted to Financial Services Unit. Case manager should refer customer to other sources for further assistance.
HAIRCUTS	\$45.00 each	As needed for employment or job search, not to exceed maximum.
HEARING EXAM/AID	\$150.00	Must provide documentation regarding hearing care needs. One time payment only, not to exceed maximum.
MEDICAL PRESCRIPTION	\$150.00 (cumulative)	Must provide documentation from physician.
PHYSICAL EXAM	\$100.00	Must maintain documentation in customer file regarding exam as condition of employment or training. Includes TB test.
RENT/MORTGAGE	\$1,000.00	Must be an emergency situation. May not be used to pay security deposit. Must provide copy of lease, rental agreement, eviction notice or other documentation. One time payment only, not to exceed maximum.

ATTACHMENT A

SUPPORTIVE SERVICE	MAXIMUM AMOUNT	GUIDELINES
TATTOO REMOVAL	n/a	Refer customers to free services
TELEPHONE	\$50.00	One time payment only, not to exceed maximum. Payment may represent only one month's worth of telephone service for customer's primary phone.
TOOLS/SUPPLIES	\$500.00	If required as a condition of employment or training. Employer or training provider must provide itemized list of tools/supplies and costs. It is at the discretion of Program
		Supervisors to determine if tools/supplies required by school, CVT, or OJT employer should be charged to the training/tuition cost category (Tuition/Educational Fiscal Authorization required) or the supportive services cost category.
TRANSPORTATION Bus Passes Bus Tokens Handicap Assistance Gas Vouchers / Reimbursement	Actual Cost \$40.00/Month \$80.00/Month \$80.00/Month	(NOTE: Reimbursement for taxi cabs is not an approved supportive service.) All customers must provide job search log if they are in a job search component, in order to receive vouchers; Allow customers to receive full amount of gas vouchers at one time (when available) if they are enrolled and participating in a training program.
		No more than one per month.
		Not to exceed maximum amount
		Not to exceed maximum amount
		Mileage reimbursement must be accompanied by Internet travel mileage printout (MapQuest, Yahoo Maps, etc.). Reimbursements will be calculated at the City of Long Beach Financial Management's mileage reimbursement rate = (Miles from Internet travel mileage printout) x (CLB mileage reimbursement rate) x (# of trips)
UNION DUES	Actual Cost	Initiation fees and first month's due.
UTILITIES Gas, Water, Refuse Electric	\$200.00 Combined	One time payment only, not to exceed maximum. Payment may represent only one month's worth of utility payment. If listed on a separate billing, a cumulative total must be provided.
		\$200.00

ATTACHMENT B



City of Long Beach
Working Together to Serve



Date: Check Request Date
To: Operations Division, Financial Services Unit
From: Employment Specialist
Subject: CHECK REQUEST NUMBER: ###

Please issue a check for the following. The support documentation is attached.

Customer Name: _____ **Activity Code:** _____
Social Security Number: _____ **Grant Name:** _____
Enrollment Date: _____
Case Number: _____

*Customers must be enrolled in appropriate activity code(s) based upon services provided/planned.

Payee Name: _____
Federal Tax ID or Social Security Number: _____
Telephone Number (include area code): _____
Address: _____
Attention: _____

Description of service needed:

- Supportive Services = \$ _____
() Impress Cash () Purchase Order
- Training = \$ _____
() Impress Cash () Purchase Order
- Incentives = \$ _____
(May not exceed \$600 per calendar year per customer)
- Travel Reimbursement = \$ _____
() Flat Rate () Mileage Printout x CLB rate x Duration = Total
_____ x _____ x _____ = _____

Please charge to the following:

Grant Code: _____ **Grant Detail:** _____
Index Code: _____ **Total Requested Amount:** _____

- Mail to Payee
- Hand Deliver to Employment Specialist

APPROVAL:

PGWIN Program Supervisor

Cherie Gomez, Development Officer



SUPPORTIVE SERVICES LOG

GRANT TITLE (Check One Only)		GAS, FOOD, & CLOTHING			
<input type="checkbox"/> WIA Adult	<input type="checkbox"/> Caltrans Adult	<input type="checkbox"/> \$20.00 Gas Vouchers, 76 Union	<input type="checkbox"/> \$20.00	X	Qty. \$ -
<input type="checkbox"/> WIA Dislocated		<input type="checkbox"/> \$25.00 Food Vouchers, Ralphs Grocery	<input type="checkbox"/> \$25.00	X	Qty. \$ -
<input type="checkbox"/> PORT2	<input type="checkbox"/> Other	<input type="checkbox"/> \$50.00 Clothing Vouchers, TJ Maxx/Marshalls	<input type="checkbox"/> \$50.00	X	Qty. \$ -
<input type="checkbox"/> YOC _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other	X	Qty. _____
TOTAL AMOUNT REQUESTED:					

OFFICER SIGNATURE _____

FOR THE MONTH OF: _____ DISBURSEMENT CHECK NUMBER (DCR): P-CARD _____

NO.	CUSTOMER NAME (PRINT)	CUSTOMER SIGNATURE	CASE NUMBER	VOUCHER AMOUNT	VOUCHER/BAR CODE	EMPLOYMENT SPECIALIST (SIGNATURE)	DATE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

TOTAL: \$0.00

AFTER VOUCHERS ARE ISSUED, RETURN SUPPORTIVE SERVICES LOG, RECEIPTS (EXCLUDING GAS VOUCHERS), AND UNUSED VOUCHERS FROM THE PRIOR MONTH TO FINANCIAL SERVICES.

WORKFORCE INVESTMENT ACT (WIA)

Individual Service Strategy (ISS)

All Youth

Date: _____
Same as enrollment date

Name: _____
Last First

Age: _____
At enrollment

ISS UPDATES

Date: _____ Date: _____ Date: _____ Date: _____
Date: _____ Date: _____ Date: _____ Date: _____
Date: _____ Date: _____ Date: _____ Date: _____
Date: _____ Date: _____ Date: _____ Date: _____

SCHOOL STATUS

In-School **Out-of-School**

High School High School Drop-out
Alternative Education
Post-Secondary Has Diploma or GED, but is Basic Skills Deficient, Unemployed, or Underemployed
School: _____ Highest grade completed: _____
Current school attended: _____
Current school planned to attend: _____

SAMPLE PAGE ONLY

Notes:

PERSONAL CIRCUMSTANCES

Deficient in Basic Literacy Skills <input type="checkbox"/>	Enrolled in Special Education classes <input type="checkbox"/>
High School Drop-out <input type="checkbox"/>	Enrolled in RSP <input type="checkbox"/>
Foster child / Group home <input type="checkbox"/>	Disability (Physical, Learning) <input type="checkbox"/>
Pregnant / Parenting <input type="checkbox"/>	Gang Affiliated <input type="checkbox"/>
Runaway / Homeless <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Offender / on Parole or Probation <input type="checkbox"/>	Other circumstance requiring additional assistance <input type="checkbox"/>

Explain other circumstance:

SUPPORT SERVICE NEEDS

Transportation- Bus Pass <input type="checkbox"/>	Medical / Dental / Vision <input type="checkbox"/>
Child Care assistance <input type="checkbox"/>	Legal Assistance <input type="checkbox"/>
Clothing / Shoes <input type="checkbox"/>	Financial Assistance <input type="checkbox"/>
Food <input type="checkbox"/>	Mental health / Substance abuse Counseling <input type="checkbox"/>
Housing <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

CUSTOMER BUDGET SUMMARY

Last Name: _____ First Name: _____

This form will help you manage your expenses while seeking employment/training.

FINANCIAL RESOURCES

Fixed Assets

Checking Account	\$ _____
Savings Accounts	\$ _____
Severance Pay	\$ _____
Vacation Pay	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Total Fixed Monthly Assets	\$ _____

Monthly Income

Personal Monthly Salary	\$ _____
Unemployment Benefits	\$ _____
TANF	\$ _____
GR	\$ _____
SSI	\$ _____
Pension	\$ _____
Child Support	\$ _____
Family Income/Support	\$ _____
Worker's Compensation	\$ _____
Other (Food Stamps)	\$ _____
Other	\$ _____
Total Monthly Income	\$ _____

YOUR FINANCIAL POSITION

Total Financial Resources	\$ _____
(A your total Fixed Assets and Monthly Income)	
Total Monthly Expenses	\$ _____
(Add your total Fixed and Variable Income)	

Net Monthly Cash \$ _____
(Subtract your Total Monthly Expenses from your Total Financial Resources)

MONTHLY EXPENSES

Fixed Monthly Expenses

Rent/Mortgage Payment	\$ _____
Utilities (Gas, Electric, Water)	\$ _____
Telephone	\$ _____
Insurance (Medical, Life, Home, Auto)	\$ _____
Loan Payments	\$ _____
Credit Cards	\$ _____
Car Payment	\$ _____
Other	\$ _____
Other	\$ _____
Total Fixed Monthly Expenses	\$ _____

Variable Monthly Expenses

Food	\$ _____
Clothing	\$ _____
Transportation (Bus fare, Gas)	\$ _____
Personal/Household Items	\$ _____
Entertainment/ Recreation	\$ _____
Child Care	\$ _____
Other	\$ _____
Other	\$ _____
Total Variable Monthly Expenses	\$ _____

Acknowledgement

- Providing information does not guarantee program services.
 - All services are based upon the availability of funds.
- I certify that all of the above information is true and complete to the best of my knowledge. I understand that information provided by me and found to be false may disqualify me and serve as grounds for termination of services and training. In addition, I understand that I may be required to reimburse the Pacific Gateway Workforce Investment Network for services and training, which were provided to me, based on false information.

Customer Signature: _____

Date: _____

SUPPORTIVE SERVICES REQUEST FORM

Date of Request: _____

Customer Name: _____

Social Security #: _____

Grant Code: _____

Grant Title: _____

Customer Case #: _____

Enrollment Date: _____

Enrollment Code: _____

Exit Date: _____

STAFF RECOMMENDATIONS

Supportive service(s) recommended: ___ Yes ___ No

Post-Employment: ___ Yes ___ No

Post-Exit ___ Yes ___ No

Please reference recommended supportive services below:

<u>Supportive Service Item(s)</u>	<u>Total Budget Amount (\$)</u>	<u>Duration (From/To or One Time Only)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Justification (For each supportive service item):

This customer has been referred to other programs in the area, providing the above-mentioned supportive services, and has been unable to obtain such services.

I understand that this request does not guarantee receipt of supportive services and that I may be referred to other agencies for assistance. In addition, I understand that the approval of my request does not hold the Pacific Gateway Workforce Investment Network (Network) accountable for the performance of the supportive service provider.

Staff Requesting: _____ Date: _____

Customer Signature: _____ Date: _____

WAIVER

A waiver is required when the supportive service item is not listed on the Supportive Service Matrix, when the supportive service goes beyond the maximum amount indicated on the Matrix, and when the supportive service is requested for WIA Customers after Exit. **If a waiver is required/approved, the original of this form must be provided to the Network's Financial Services Unit.**

Waiver: ___ Approved ___ Not Approved

Program Supervisor Signature: _____ Date: _____

Comments: _____

CHILDCARE PROVIDER DOCUMENTATION FORM

Date: _____ Requesting Childcare Assistance For The Month Of: _____

Customer Name: _____ SSN: _____

Name of Childcare Provider (Payable To): _____

Name of Contact Person: _____

Address: _____ Phone #: _____

Relationship Of Childcare Provider To Customer: _____

Is Childcare Provider Licensed?:

Yes If Yes, License #: _____ If Yes, Fed Tax ID #: _____
 No If No, Soc. Sec. #: _____

Week of (First Day)	Name of Child	Age	Childcare Hours (Times Needed)	Childcare Days (Circle Days)	Weekly Hours	Rate	Total
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____

Total Requested: _____
Total Reimbursed: _____

I certify that the above information is true and accurate. I am aware that services are not guaranteed. I am also aware that I am responsible for ensuring the accuracy of any childcare information submitted to my Pacific Gateway Workforce Investment Board (PGWIB) Representative. Furthermore, I understand that submitting false information may be grounds for termination of services and/or reimbursement.

Customer Signature

Date

Childcare Provider Signature

Date



SUPPORTIVE SERVICES TRACKING FORM

CUSTOMER NAME: _____

SOCIAL SECURITY # (last 4 digits): _____ **GRANT:** _____

SUPPORTIVE SERVICE	DATE PROVIDED TO CUSTOMER	AMOUNT (\$)	CUSTOMER SIGNATURE
FOOD VOUCHERS			
CLOTHING VOUCHERS			
GAS VOUCHERS			
BUS PASS			
OTHER			

SUPPORTIVE SERVICES WORK FLOW DIAGRAM FOR LEARNING LAB SITES

