



# **EASTERN WORKFORCE INVESTMENT BOARD, INC.**

*Proudly serving Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah and Wagoner Counties in Oklahoma*

## **ADULT, DISLOCATED WORKER AND YOUTH SUPPORT SERVICES POLICY**

EFFECTIVE OCTOBER 1, 2008

REVISED MAY 11, 2009



*EWIB is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are Available upon Request to Individuals with Disabilities  
This policy was financed in whole or in part by funds from the U.S. Department of Labor as administered by the OESC.*

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## **PURPOSE:**

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This issuance provides policy, guidance and procedures for the administration and oversight of customer supportive services. It is the intention of Eastern Workforce Investment Board (EWIB) administration that this document conform to the pertinent legislation, regulation, state issued polices, and the Board's intent to provide quality customer services.

## **GUIDANCE**

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Since primary funding source for customer services is the Workforce Investment Act (WIA) Adult, Dislocated Worker and Youth formula grants, **The Workforce Investment Act of 1998** (P.L. 105.220) and **810 20 CFR 652 Workforce Investment Act; Final Rules** will be used as the legislative and regulatory guidance for this document. Sections **101(46)** and **134(e)(2)** and **(3)** of **The Workforce Investment Act of 1998** (P.L. 105.220) grants legislative authority for supportive services for WIA participants. **§ 661.800, 805** and **810 20 CFR 652 Workforce Investment Act; Final Rules** gives regulatory guidance to the local board in regards to supportive services.

## **AUTHORITY:**

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**20 CFR 663.805** states:

- (a) *Supportive services may only be provided to individuals who are:*
- (1) *Participating in core, intensive or training services; and*
  - (2) *Unable to obtain supportive services through other programs providing such services. (WIA 134 (e)(2)(A) and (B)).*
- (b) *Supportive services may only be provided when they are necessary to enable individuals to participate in Title I activities. (WIA 101(26).)*

**20 CFR 663.810** states:

- (a) *Local boards may establish limits on the provision of supportive services or provide the One-Stop operator with the authority to establish such limits, including a maximum amount of funding and maximum length of time for supportive services to be available to participants.*
- (b) *Procedures may also be established to allow One-Stop operators to grant exceptions to the limits established under paragraph (a) of this section.*

**20 CFR 664.440** states *supportive services may be provided to youth as defined in WIA 101(46).*

**OETI 15-2008** states *“Training related costs not available through the eligible training provider must be provided as a supportive service in accordance with local supportive service policy and procurement policy, and must not to exceed the unmet need that was determined by the financial aid officer.”*

## **POLICY:**

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1. Eastern Workforce Investment Board will ensure that supportive services are provided to individuals who:
  - Meet the eligibility requirements for WIA;
    - a. This criterion includes the Local Priority Groups as determined by the Board which can be found in the current Priority of Service Policy at [www.easternwib.com](http://www.easternwib.com).
  - Are enrolled and actively participating in Core, Intensive and Training Services;
  - Have been determined after case management to need supportive services to complete training; and

- Are unable to obtain the supportive service from another source or require WIA assistance in addition to other programs providing such service.
2. Eastern Workforce Investment Board will determine the annual budget for customer services contingent on the approval of EWIB Finance and Executive Committees after receiving the recommendation of the Board Staff.
  3. On behalf of the Eastern Workforce Investment Board, the Board Staff will develop procedures based on this policy that conform to the pertinent legislation, regulation, state issued polices, and the Board's intent to provide quality customer services in a timely manner.
  4. Any modifications to the Support Services Policy and Procedures will be based on federal and state legislation, regulation, state issued polices, and Eastern Workforce Investment Board policies.

## **DEFINITION:**

Supportive Service is an intensive service that is provided to the customer to support the customer's attachment to the labor force. Supportive Services may be used to ensure the customer's ability to participate in the Workforce Investment Act and other agency programs by overcoming barriers impeding their ability to complete training and enter self-sufficient employment.

## **CASE MANAGEMENT REQUIREMENTS AND RESPONSIBILITIES**

Case managers are responsible for ensuring that customers receive quality services. Supportive services are **not entitlements** and should be provided to customers to enable them to complete a credential. It is the role of the case manager to assist clients in identifying the support services that will assist customers attain their goals. Supportive services can be funded by WIA as long as the customer is in a training activity, actively seeking employment or employed.

Case managers are required to utilize the services and programs offered through Workforce Oklahoma to maximize the benefit to the customer before offering WIA assistance. Each customer may access to the local community resource directory and information through the **2-1-1 Helpline** at **(918) 836-4357** or on the web at [www.211tulsa.com](http://www.211tulsa.com). Formal referrals to partnering programs should be provided as necessary.

**Each request for supportive services must be accompanied by a No Other Services Available (NOSA) form.** Federal law requires that WIA funds are the last resource available to the customer. The absence of documentation that no other services are available can lead to questioned or disallowed costs. The Individual Employment Plan (IEP) or Individual Service Strategy (ISS) must include an Oklahoma Service Link (OSL) case note why the supportive service(s) is necessary to assist the customer in gaining a credential or obtaining or retaining employment with a corresponding entry in the OSL Service and Training Plan. For customers seeking employment, the customer's job search strategy must be included in the BEP/EEP section of OSL and include current information and the customer's job search status.

The supportive service must not be prohibited by the ***Workforce Investment Act, 20 CFR 652, et al. Workforce Investment Act; Final Rules***, the OMB circulars, Department of Labor policies, EWIB policies or contractor policies. ***Payments for legal fines, legal fees, excise tax, car payments, or car purchases are not allowed. Medical services are prohibited.*** Even though there are some

limitations of expenditures, extenuating circumstances do arise for the customer and will be handled on a case by case basis by either the Executive Director on behalf of the Board or by the One-Stop Operator.

## **SUPPORTIVE SERVICES SUMMARY**

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**AUTO REPAIR:** Customers may request an auto repair budget during the course of their WIA enrollment that does not exceed a total cumulative amount of \$1000 including sales tax. Under this category the customer may receive vehicle repairs and/or parts or vehicle maintenance. The budget may not to exceed the \$1000 cap unless there are extreme extenuating circumstances. The customer must provide three (3) quotes for identical goods/ services; a valid title or vehicle registration; a valid OK Driver's License; and proof of current insurance. All documentation must be in the customer's name and have the same make and model of car listed.

**AUTO INSURANCE:** Case managers may request that an insurance premium for up to 6 months may be paid for the customer. This is a one-time only service and only includes liability insurance required by the State of Oklahoma to legally drive a vehicle. The customer must provide three (3) quotes for identical goods/ services; a valid title or vehicle registration; and a valid OK Driver's License. All documentation must have the customer's name and the same make and model of car listed.

**AUTO TAG:** Case managers may request a one-time payment to tag a vehicle that enables the customer to travel to work or training. The customer must provide a quote for the Tag Agent; the valid title; a valid OK Driver's License; and proof of current insurance or if WIA is purchasing insurance for the customer, proof that insurance is being vouchered for the customer. All documentation must have the have the name of the customer and the same make and model of car listed.

**AUTO TITLE:** Case managers may request a one-time payment to change a car title that enables the customer to travel to work or training. Case managers may only authorize the amount required by the title transfer fee. **Excise tax or penalties are not allowable expenditures.** The customer must provide a quote from the Tag Agent; the valid title; a valid OK Driver's License; and proof of current insurance or if WIA is purchasing insurance for the customer, proof that insurance is being vouchered for the customer. All documentation must have the same make and model of car listed.

**BOOKS:** Case managers may request books for training. Special circumstances may arise where a student requires additional non-required books to successfully complete the course or the credential. Examples of this type of expenditure include a testing prep book, a dictionary or a thesaurus or other kinds of resource books that can assist the student to be successful. Under this type of circumstance, the expense for additional non-required books must be justified. Books that are unable to be obtained through the learning institution must be vouchered as a supportive service. Required documentation includes but is not limited to three quotes from book stores and the customer's course schedule or a letter from an advisor or instructor or course syllabus that lists the books required for the course and/or optional recommended texts. ***Books that can be vouchered through the learning institution will be charged to the ITA and must be vouchered on an EWIB training voucher.***

**CHILD CARE:** Case managers may authorize child care payment for up to **one month (4 weeks)** for those customers who are not eligible to receive assistance from Department of Human Services (DHS) or tribal entities in extreme circumstances only. **The facility must be DHS licensed.** This is

a one-time only service not to exceed four (4) weeks. A *Child Care Agreement* must be completed between the EWIB Accounting Office and the childcare provider. Payment will be made directly to the provider. The provider must provide a copy of the facility's charges prior to approval of the Child Care Agreement form. Child Care will only be paid for the children listed on the Child Care Agreement. A *Child Care Attendance Record* must be submitted by the facility with signatures of the customer and the provider.

Required documentation includes the following but is not limited to: a copy of the facilities regular charges; proof of DHS licensure; the Child Care Agreement Form and a completed Child Care Attendance Form for each child.

**CLOTHING:** Case managers may request a clothing budget to enable the customer to gain a credential or obtain or retain employment.

**Clothing for Training:** Clothing for training must be required by the training institution in order to successfully complete the training program. Required documentation includes but is not limited to course syllabus or a letter from the instructor that states the clothing is required for all members of the course. Three quotes are required for clothing. The limitations for this item are dictated by the training program and must the same requirements for all students in the program.

**Clothing for Job Search:** Customers may request a clothing budget during the course of their WIA enrollment that does not exceed a total cumulative amount of \$200 including sales tax for interview / job search. Clothing for job search must be interview appropriate clothing. Case managers are urged to counsel customers receiving this service on appropriate job interview clothing and etiquette. Documentation must show that clothing is necessary for interviews/ employment seeking and accompanied by an up to date Job Search Strategy.

**Clothing for Employment:** Customers may request a clothing budget during the course of their WIA enrollment that does not exceed a total cumulative amount of \$300 including sales tax for employment. Clothing for employment requests must be accompanied by documentation from the employer with the company's dress code requirements.

**DEPOSITS:** Case managers should be cautioned that deposits must show a direct relationship to gaining and retaining employment or a credential. EWIB will not authorize payments for late fees or damages. Deposits will be made directly to the property-owner.

**Housing:** Case managers may request a housing deposit be paid with WIA funds. This is a one-time only request. Housing deposit requests must be accompanied by the rental agreement from the property-owner or leasing agent or a hand written statement from the property-owner with the amount of the deposit. Documentation includes original rental or purchase agreement and a bill of total deposit due. Handwritten documentation from the property-owner or lien holder is acceptable documentation for the total deposit due.

**Utilities:** Case managers may request utility deposits be paid with WIA funds. Case managers must be aware that payments of this type will be authorized one time per company during the customer's enrollment in WIA. Utility companies eligible for this service are local electric, gas, sanitation, sewer, telephone and water companies. EWIB will not authorize beeper, satellite or cell phone deposits. Documentation includes the original statement from the utility company with the amount of deposit due.

**DRIVER'S LICENSES:** Case managers may request payment for fees associated with retaining or reinstating a driver's license; however, EWIB cannot authorize payment for fines or legal fees associated with reinstating a driver's license. This is a one-time only expense. Case managers are urged to assist the customer in establishing arrangements with legal authorities for payment of fines or legal fees. Courses associated with the reinstatement of a license such as defensive or drunk driving courses may be paid for with WIA funding. Documentation for this request is the quote from the State of Oklahoma or Tag Agent for driver's license.

**HOUSING:** Case managers may request a rent or mortgage payment is paid using WIA funds when the customer is unable to pay the current month's rent or house payment. This type of payment request is limited to one time only. Payments will be authorized with the property-owner. EWIB will not authorize payment for customers to be put on waiting lists for housing, damages, or other charges that would enable customers to be eligible for housing. Documentation includes original rental or purchase agreement and a bill of total amount due. Handwritten documentation from the property-owner or lien holder is acceptable documentation for the total amount due in rent or mortgage payments.

**LICENSING, TESTING AND CERTIFICATION FEES:** Case managers may request that testing, licensing and certification fees be paid out of WIA funds. The customer must demonstrate that credentialing may result from the successful completion of the test. These fees may be paid as reimbursements to the customer if the fees cannot be paid through the voucher system. Requests for reimbursements for these fees must be submitted for payment within 45 days of the testing date. Documentation includes a paid receipt signed and dated by the customer, a copy of the method of payment, and a copy of the testing application.

**MEDICAL SERVICES:** Case managers may request certain medical services necessary to successfully complete training or gaining and/or retain employment be paid with WIA funds. Allowable services include but are not limited to shots (including the charge to give the shot and the serum) related to medical training as well as eye exams and eyeglasses. The medical service must be directly related to gaining a credential or gaining and retaining employment. Case managers are cautioned to look into the wide variety of services available to the customers before requesting a medical service payment.

**MILEAGE:** Mileage reimbursement is a way of assisting customers with travel costs associated with training or employment. Case managers are cautioned to consider the need and the length of time a customer receives transportation reimbursements. Case managers need to review on a monthly basis if the customer still needs to receive mileage reimbursements and make note in customer case notes. Mileage reimbursement will not be paid if the customer is receiving a similar reimbursement or transportation allowance from another agency. Mileage reimbursement **may not exceed three (3) months** and may only be granted once during a WIA enrollment period.

Mileage will be reimbursed at a rate paid under State Travel Reimbursement Act, based upon the distance set forth in the most up-to-date official state map provided by the Department of Transportation. The most current State map or Oklahoma Department of Transportation Mileage Calculator located at <http://www.okladot.state.ok.us/hqdiv/p-r-iv/howfar/okmile.htm> will be used to ensure consistency of miles between points. In recording mileage, the map mileage will be the number of miles shown on the latest State map, with the difference between the total miles and the map miles being shown as vicinity miles.

Required documentation includes but is not limited to case notes documenting the need of the customer, the training or class schedule for the month(s) of mileage reimbursements, completed monthly customer mileage reimbursement forms signed by the customer and case manager and documentation of the miles travelled. If the Oklahoma Department of Transportation Mileage Calculator is used, then a print out of that page is necessary back up. If map miles are not available for calculating mileage, a print out from MapQuest or similar on-line mileage program can serve as back up documentation.

**REIMBURSEMENTS:** Case managers may request reimbursements to the customer if an item or service cannot be acquired through the EWIB vouchering system. Request for reimbursements must be submitted within 45 days of the date on the receipt. Documentation must include a detailed explanation why the vouchering system could not be used to pay for the service being reimbursed. Reimbursements over \$250 must have pre-approval from the EWIB staff in writing. Certain testing fees (NCLEX, nursing boards, etc.) reimbursements do not require pre-approval. Recommended documentation includes a paid receipt signed and dated by the customer, a copy of the method of payment, justification why the vouchering system could not be utilized, and if necessary, the EWIB Verification of Exam Completion Form.

**TOOLS AND EQUIPMENT:** The case manager may request a budget not to exceed \$1000 including sales tax to help the customer with this expense. All tools and equipment must be required for training or required by an employer for employment. Generally, consumable items such as medical supplies may not be purchased.

**Tools and Equipment for Training:** EWIB will authorize payments directly to the vendor for the tools and equipment. Tools may be purchased as necessary for the training program as long as the total amount of tools does not exceed the total budgeted amount. WIA can make payments directly to the school or school-designated vendor. Required documentation includes but is not limited to three quotes for like tools or equipment, course syllabus that includes documentation that the tools and/or equipment is required for all students in the course and a letter from the instructor that verifies the tools and/or equipment is required for all students. If the tools are purchases from the training institution, three (3) quotes are not necessary and will count as an ITA expense.

**Tools and Equipment for Employment:** EWIB will authorize payments directly to the vendor for the tools and equipment. Tools may be purchased as necessary for employment as long as the total amount of tools does not exceed the total budgeted amount. Required documentation includes but is not limited to three quotes for like tools or equipment; and a letter from the employer that verifies the tools and/or equipment is required to obtain or retain employment.

**TRANSPORTATION ASSISTANCE:** In extreme situations, case managers may request public transportation for the customer to get to and from training or work. Case managers should assist the customer in making arrangements for the public transportation (KATS, taxi services, buses, etc.) to accept the service provider's voucher. Case managers are cautioned to consider the need and the length of time a customer receives transportation. Case managers need to review on a monthly basis if the customer still needs transportation assistance. Transportation assistance **may not exceed three (3) months** and may be granted once during a WIA enrollment period. Required documentation for this includes but is not limited to case notes that justify the request and a fee schedule from the public transportation agency.

**UTILITY ASSISTANCE:** Utility assistance includes gas, water, trash, sewer, home telephone service, internet, and electricity payments. EWIB will not authorize payments for beepers, cable, satellite, or other “non essential” services. Case managers must be aware that payments of this type will be authorized one time per company during the customer’s enrollment in WIA. Utility companies eligible for this service are local electric, gas, sanitation, sewer, telephone and water companies. EWIB will not authorize beeper, satellite or cell phone deposits. Case managers should be cautioned that payment should only be made to avoid a cut off of services which could impact the customer from attending training or work. Documentation includes the original statement from the utility company with the amount of due.

## **YOUTH ONLY SUPPORTIVE SERVICES**

**BIRTH CERTIFICATES:** In cases which a Youth customer is in need of a birth certificate, WIA will authorize payment for a replacement birth certificate. This is a one-time only service during WIA enrollment. Required documentation includes but is not limited to the following items: a copy of the state application for a replacement birth certificate and a quote from the state agency.

**DRIVER’S LICENSES:** WIA will pay the fees associated with obtaining, retaining or reinstating a driver’s license for Youth customers. This is a one-time only expense during WIA enrollment. WIA will not authorize payment for fines or legal fees associated with reinstating a driver’s license. The case manager is urged to assist the customer in establishing arrangements with legal authorities for payment of fines or legal fees. Courses associated with the reinstatement of a license such as defensive or drunk driving courses may be paid for with WIA funding. Required documentation includes but is not limited to a quote from the local tag agency or a letter from the State of Oklahoma.

**EVENTS/ACTIVITIES:** The cost of goods and services related to participation in scheduled events and/or activities is allowed and includes, but not limited to, entry fees, transportation, meals, and other travel expenses associated with field trips, group meetings, and other activities which enhance participants’ basic (academic); team building, leadership, citizenship, other work readiness; and/or occupational skills. Transportation and other related fees shall be reimbursed at the rate established for EWIB staff travel.

**FOOD:** In non-emergency situations, a participant may receive supportive services to meet nutritional needs when it is documented that the participant’s schedule does not allow for meals between scheduled activities.

## QUICK REFERENCE CHART

*This chart is not intended to replace the text in the policy but used as a tool for One Stop Staff.*

Supportive Services Type	Required Original Documentation <i>(In addition to the NOSA, OSL S&amp;T and case notes)</i>	Cost Limit	Time Limit
<b>Auto Repair</b>	Three (3) quotes for identical services/goods; a valid title or vehicle registration; a valid OK Driver's License; and proof of insurance. All documents must contain the customer's name and same make and model of vehicle.	Budget not to exceed \$1000.00	One time per WIA Enrollment Period
<b>Auto Insurance (Liability only)</b>	Three (3) quotes for identical services/goods; a valid title or vehicle registration; and a valid OK Driver's License. All documents must contain the customer's name and same make and model of vehicle.	N/A	One time per WIA enrollment period
<b>Auto Tag</b>	Quote from the Tag Agent; a valid OK Driver's License; and proof of insurance. All documents must contain the customer's name and same make and model of vehicle.	N/A	One time per WIA enrollment period
<b>Auto Title</b>	Quote from the Tag Agent; a valid OK Driver's License; and proof of insurance. All documents must contain the customer's name and same make and model of vehicle.	N/A	One time per WIA enrollment period
<b>Books</b>	Three (3) quotes from book stores and course syllabus or letter from instructor recommending the book.	N/A	Once per semester
<b>Childcare</b>	<b>In extreme circumstances only.</b> Facility must appear on the DHS licensed list. Must submit a copy of the facility's regular charges. Child Care Agreement and the Child Care Attendance Record are required forms located in the Forms section. See written section of this policy for more information.	One month maximum	One time per WIA enrollment period
<b>Clothing (for training)</b>	Course syllabus and three (3) written quotes for identical goods, if necessary.	As required by syllabus	As required by syllabus
<b>Clothing (for Job Search)</b>	Job search strategy that shows need for clothing and three (3) written quotes for identical goods.	Budget not to exceed \$200.00	One time per WIA enrollment period
<b>Clothing (for employment)</b>	Documentation of employer dress code and three (3) written quotes for identical goods.	Budget not to exceed \$300.00	One time per WIA enrollment period

<b>Supportive Services Type</b>	<b>Required Original Documentation (In addition to the NOSA, OSL S&amp;T and case notes)</b>	<b>Cost Limit</b>	<b>Time Limit</b>
<b>Deposits (Housing)</b>	Original rental or purchase agreement; bill of amount due.	N/A	One time per WIA enrollment period
<b>Deposits (Utilities)</b>	Original statement from utility company with amount of deposit due.	N/A	One time per WIA enrollment period
<b>Driver's License</b>	Quote from State of Oklahoma or Tag Agent	N/A	One time per WIA enrollment period
<b>Housing</b>	Original lease or purchase agreement and billing with total amount due.	N/A	One time per WIA enrollment period
<b>Licensing, Testing, and Certification Fees</b>	Paid receipt signed and dated by customer and testing agent, official EWIB testing form, and a copy of the testing application. May be paid through the customer reimbursement process.	N/A	One time per license
<b>Medical Service</b>	Documentation that the medical service is required or necessary to gain or retain employment or a credential.	N/A	One time per WIA enrollment period
<b>Mileage</b>	Documentation of need, class or training schedule, print out documenting miles traveled, customer mileage sheet signed by the customer and the case manager. The Customer Mileage Reimbursement Form is a required form located in the Forms section. See written section of this policy for more information. Pre-approval by EWIB staff required.	Not to exceed three (3) months	One time per WIA enrollment period
<b>Reimbursements</b>	Paid receipt signed and dated by customer and testing agent, official EWIB testing form, and a copy of the testing application. Justification why the EWIB vouchering process could not be used for approval. Pre-approval by EWIB staff required.		One time per item/license
<b>Tools and Equipment (for training)</b>	Course syllabus that includes documentation that the tools and/or equipment is required for all students in the course and three (3) written quotes for identical goods and services, unless the items are purchased through the school.	Budget not to exceed \$1000.00	One time per WIA enrollment period

Supportive Services Type	Required Original Documentation <i>(In addition to the NOSA, OSL S&amp;T and case notes)</i>	Cost Limit	Time Limit
<b>Tools and Equipment (for employment)</b>	Documentation that the tools and/or equipment is necessary to gain or retain employment and three (3) written quotes for identical goods and services.	Budget not to exceed \$1000.00	One time per WIA enrollment period
<b>Transportation Assistance</b>	Case notes that documents the need and a fee schedule from the public transportation agency. Pre-approval by EWIB staff required.	Not to exceed three (3) months	One time per WIA enrollment period
<b>Utility Assistance</b>	Original statement from the company with total amount due.	N/A	One time per WIA enrollment period
<b>Youth Only Supportive Services</b>			
<b>Birth Certificates</b>	Quote from State Agency and copy of completed application for replacement Birth Certificate.		One time per WIA enrollment period
<b>Driver's Licenses</b>	Quote from Tag Office or State of Oklahoma. <b>NOTE: EWIB will NOT pay fines or legal fees associated with Driver's License reinstatement.</b>		One Time per WIA enrollment period
<b>Events/Activities</b>	Documentation is established on a case by case basis by the EWIB Program Manager.		As needed for program participation
<b>Food</b>	Documentation that the participant's schedule does not allow for meals between scheduled activities.		As needed for program participation

## PROCEDURE TO REQUEST SUPPORTIVE SERVICES

The procedure to request supportive services payments on behalf of a customer has several steps. Payment requests will be approved through the EWIB vouchering system. The variety of services EWIB can provide is listed in the Supportive Services Summary. To request a supportive service the following steps need to occur:

1. The case manager will determine if a customer is in need of the supportive service.
  - a. The determination must be well documented with the amount of services needed, how long the case manager requests EWIB provide the supportive service, if the supportive service is necessary for gaining a credential, and the case manager rational for requesting the service.
  - b. Case manager must document requests for services in case notes and the Services and Training Plan in Oklahoma Service Link.
  - c. Case manager must ensure No Other Service is Available prior to requesting the service. ***A completed and digitally signed and dated NOSA form must accompany each request.***

2. The case manager will submit the request to the appropriate EWIB staff for review with the appropriate documentation.
  - a. All e-mail requests must contain an EWIB Supportive Services Voucher and a No Other Services Available form.
  - b. Requests must be accompanied by the appropriate supporting documentation.
  - c. Support documentation may be faxed to the EWIB office with attention to the appropriate program manager.
3. EWIB staff will evaluate the request and respond to the case manager with a decision within 48 business hours by e-mail.
  - a. EWIB staff may ask for additional documentation prior to approving the obligation of funds.
  - b. Vouchers requiring additional or corrected documentation will not be approved until the requested documentation is submitted.
  - c. In the event a voucher is denied, EWIB staff will respond in writing with the justification why the voucher was denied at the administrative level.
4. The case manager is responsible for presenting the voucher to the customer and arranging for the delivery of the supportive service.
  - a. Case manager should print two copies of the voucher.
    - i. One voucher will be given to the customer while the other signed voucher should be placed in the customer's original file with the original support documents.
  - b. Case managers will sign and date the vouchers in blue ink and request the customer sign and date the vouchers in blue ink before releasing the voucher to the customer.
  - c. Case managers will attach a notice from the EWIB accounting department stating the requirements to initiate payment from EWIB.
  - d. Case managers are responsible for obtaining the customer's signed and dated receipts.
5. Original documentation required to be placed in the customer's file located in the EWIB offices include the EWIB approved voucher, signed and dated by the customer and case manager, the NOSA form, and all original support documentation including signed and dated customer receipts.

EWIB has listed required documentation in this policy. In extenuating circumstances, other documentation should be considered in order to assist the customer. All documentation other than what is listed must be approved by the appropriate EWIB staff prior to authorizing the expenditure.

### **Completing the No Other Services Available (NOSA) Form**

- i. **Customer Name:** Type the customer's name as it appears in Oklahoma Service Link.
- ii. **OSL ID:** Type the customer's OSL ID number as it appears in Oklahoma Service Link.
- iii. **Identified Supportive Services Need:** Write in detail the customer's supportive services need. *Example:*

<b>Identified Supportive Service Need:</b>
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<i>Daffy needs scrubs because they are required for his training program in nursing at Connors State College. Scrubs can't be obtained through an ITA since they are a training cost not purchased through the school.</i>
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- iv. **Services to address identified needs are not available because:** Document clearly why the service is not available to the customer through other sources including any financial aid or scholarship funds. *Example:*

**Services to address identified needs are not available because:**

*Daffy checked with the 211 network for agencies in the region that provided clothing assistance. After calling the agencies listed, he was unable to obtain assistance to purchase the scrubs because his need was too specialized. I called to verify that Deep Fork Community Action could not provide assistance with purchasing the scrubs.*

- v. **Name of the agency:** The name of the agency the case manager contacted to ensure the customer called inquiring about supportive services.
- vi. **Date of Contact:** the date the case manager contacted the agency
- vii. **Agency Representative:** the name of the individual at the agency that provided the information about supportive services.

**Completing the Supportive Services Voucher**

- i. **Date:** Complete date the service is being requested
- ii. **Voucher No.:** Leave blank. This will be completed by EWIB staff.
- iii. **Vendor Name:** Type in the name of the individual or company receiving payment.
- iv. **EIN No.:** The company's tax ID number. If a voucher is submitted for a customer, this may be left blank
- v. **Contact Person:** The person or department receiving the billing
- vi. **Vendor Address:** The street, city, state and zip code of the vendor
- vii. **Vendor Phone:** The phone number of the vendor
- viii. **Vendor Fax:** The fax number of the vendor, if possible
- ix. **Quantity:** The number of a single type of item to be purchased
- x. **Item or Service Description:** The name of item or service to be purchased
- xi. **Cost per Item:** the amount the item costs individually
- xii. **Total:** The amount of the quantity multiplied by the cost per item. (auto calculated in the form)
- xiii. **Subtotal:** The sum of the total (auto calculated)
- xiv. **Total:** The sum of the subtotal and any misc expenses (auto calculated)
- xv. **Customer Name:** Type the customer's name as it appears in Oklahoma Service Link.
- viii. **OSL ID:** Type the customer's OSL ID number as it appears in Oklahoma Service Link.
- xvi. **Program(s) of Enrollment:** Check the appropriate boxes that reflect the customer's enrollment in OSL.

**TRACKING SUPPORTIVE SERVICES**

**Tracking Supportive Services while in training:**

According to **OETI 15-2008:** "Training related costs not available through the eligible training provider must be provided as a supportive service in accordance with local supportive service policy and procurement policy, and must not to exceed the unmet need that was determined by the financial aid officer."

All training supportive services vouchers must be tracked against the customer's unmet need determined by the training institution. The unmet need is reported on the Coordination of Training Funds form located in the EWIB Individual Training Account Policy and Procedures. Case managers are required to complete the Supportive Services Tracking Form located on page 18. This form will track all obligated and expended costs to ensure that supportive services do not exceed the customer's unmet need for training as determined by the training institution.

**Completing the Supportive Services Tracking Form**

1. In the box at the top of the form upon receiving an EWIB approved ITA, the case manager will record the Student's Name, OSL ID number, training provider, training program, duration of training, the unmet need amount and the total ITA amount. *Example:*

STUDENT NAME:	<u>Daffy Dux</u>	ID No:	<u>123546</u>
TRAINING PROVIDER:	<u>Northeastern State University</u>		
TRAINING PROGRAM:	<u>BSN</u>		
DURATION OF TRAINING PROGRAM:	<u>08-11-2008</u>	TO	<u>07-31-2010</u>
UNMET TRAINING NEED:	<u>12,850</u>	TOTAL ITA AMOUNT:	<u>8,500</u>

2. The case manager will record the date of the action and a description of the action. Coordination of Training Funds is to be referred to as COTF. For vouchers, the description should be the date the voucher was approved by EWIB and the voucher number. *Example:*

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED AMOUNT	OBLIGATED BALANCE	ACTUAL AMOUNT	ACTUAL BALANCE
<b>08-08-2008 COTF</b>					
<b>10-10-2008 SSV-08-WA-203</b>					

3. The case manager will record the amount of the unmet need in the unmet need column. *Example:*

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED AMOUNT	OBLIGATED BALANCE	ACTUAL AMOUNT	ACTUAL BALANCE
<b>08-08-2008 COTF</b>	<b>12,850</b>				
<b>10-10-2008 SSV-08-WA-203</b>					

4. The case manager will record the amount of any obligated supportive service voucher in the Obligated Amount column. The case manager will then subtract the Obligated Amount column from the Unmet Need column. *Example:*

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED AMOUNT	OBLIGATED BALANCE	ACTUAL AMOUNT	ACTUAL BALANCE
<b>08-08-2008 COTF</b>	<b>12,850.00</b>				
<b>10-10-2008 SSV-08-WA-203</b>		<b>150.00</b>	<b>12,700.00</b>		

5. The EWIB Accounting Office will generate an Actual Expense Report with the customer's name, the voucher number, and the actual amount paid on each supportive services voucher.
  - a. The Operator will release the report to the case managers.

6. The case manager will record the amount of the actual expenditure in the Actual Amount column. The case manager will subtract the Actual Amount column from the Unmet Need column. *Example:*

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED AMOUNT	OBLIGATED BALANCE	ACTUAL AMOUNT	ACTUAL BALANCE
<b>08-08-2008 COTF</b>	<b>12,850.00</b>				
<b>10-10-2008 SSV-08-WA-203</b>		<b>150.00</b>	<b>12,700.00</b>	<b>139.95</b>	<b>12,710.05</b>

7. The case manager will place the e-mail from the EWIB Accounting Office behind the sheet as back up documentation.

**Tracking Supportive Services while not in training:**

All training supportive services vouchers must be tracked to ensure EWIB limits are not exceeded. Case managers are required to complete the Supportive Services Tracking Form. This form will track all obligated and expended costs to ensure that supportive services do not exceed the EWIB limits.

**Completing the Supportive Services Tracking Form**

1. In the box at the top of the form upon receiving a EWIB approved ITA, the case manager will record the Customer’s Name, OSL ID number and occupation. *Example:*

STUDENT NAME: <u>Daffy Dux</u>	ID No: <u>123546</u>
OCCUPATION: <u>Nursing</u>	

2. The case manager will record the date of the action and a description of the action. For vouchers, the description should be the date the voucher was approved by EWIB and the voucher number. *Example:*

Date and Description	Approved Budgeted Amount if item requires budget	Obligated Amount	Obligated Balance	Actual Amount	Actual Balance
03-20-2009 SV-08-CH-02D Clothing	\$300.00				
04-15-2009 SV-08-CH-22D Housing					

3. The case manager will record the amount of any obligated supportive service voucher in the Obligated Amount column. *Example:*

Date and Description	Approved Budgeted Amount if item requires budget	Obligated Amount	Obligated Balance	Actual Amount	Actual Balance
03-20-2009 SV-08-CH-02D Clothing	\$300.00	\$ 200.00	\$100.00		
04-15-2009 SV-08-CH-22D Housing		\$525.00			

4. The EWIB Accounting Office will generate an Actual Expense Report with the customer’s name, the voucher number, and the actual amount paid on each supportive services voucher.
  - a. The Operator will release the report to the case managers.
5. The case manager will record the amount of the actual expenditure in the Actual Amount column. The case manager will subtract the Actual Amount column from the Unmet Need column. *Example:*

Date and Description	Approved Budgeted Amount if item requires budget	Obligated Amount	Obligated Balance	Actual Amount	Actual Balance
03-20-2009 SV-08-CH-02A Clothing	\$300.00	\$ 200.00	\$100.00	\$210.90	\$ 89.10
04-15-2009 SV-08-CH-22D Housing		\$525.00		\$525.00	

6. The case manager will place the e-mail from the EWIB Accounting Office behind the sheet as back up documentation.

# FORMS



# NO OTHER SERVICES AVAILABLE

Customer Name: \_\_\_\_\_ OSL ID No: \_\_\_\_\_

<b>Identified Supportive Service Need:</b>

<b>Services to address identified needs are not available because:</b>

<b>Source of information regarding no services available:</b>
<b>Name of Agency:</b> _____ <b>Date of Contact</b> _____
<b>Agency Representative</b> _____

\_\_\_\_\_ Case Manager Signature

\_\_\_\_\_ Date



# EASTERN WORKFORCE INVESTMENT BOARD

ATTN: Accounting Department  
 721 South 32<sup>nd</sup> St. ♦ P.O. Box 2698 ♦ Muskogee, OK 74402  
 Phone: 918 683-8553 ♦ Fax: 918 682-3258 ♦ [www.easternwib.com](http://www.easternwib.com)



## VOUCHER

DATE: _____	VOUCHER No.: _____
VENDOR NAME: _____	EIN No.: _____
CONTACT PERSON: _____	
VENDOR ADDRESS: _____	
VENDOR PHONE _____	FAX No.: _____

***Any Refunds or Returns for Items of Non-Completion of services will be made to EWIB***

Quantity	Item or Service Description	Cost per Item	Total
<b>Subtotal</b>			
<b>TOTAL</b>			

*EWIB operates federally funded programs and is allowed tax exempt status.*

***For prompt payment, please send voucher, itemized invoice and receipt signed by the customer to the address listed above. The voucher number above must appear on all invoices, packing slips, packages and correspondence.***

**CUSTOMER NAME:** \_\_\_\_\_ **OSL ID:** \_\_\_\_\_

**Program (s) of Enrollment:**    **Adult** \_\_\_\_\_ **DLW** \_\_\_\_\_    **OY/OS** \_\_\_\_\_ **OY/IS** \_\_\_\_\_    **YY/OS** \_\_\_\_\_ **YY/IS** \_\_\_\_\_    **Other (list):** \_\_\_\_\_

\_\_\_\_\_ Customer Signature \_\_\_\_\_ Date

\_\_\_\_\_ Case Manager Signature \_\_\_\_\_ Date

<b>To be completed by EWIB Staff ONLY:</b>					
Funding:	Adult _____	DLW _____	OS Youth _____	IS Youth _____	Other (list): _____

***NOT VALID WITHOUT DIGITAL SIGNATURE OF AUTHORIZED EWIB OFFICIAL***







# CHILD CARE AGREEMENT



Child Care Agreement Number: \_\_\_\_\_

Child Care Service Provider: (name) \_\_\_\_\_  
(address) \_\_\_\_\_  
(phone) \_\_\_\_\_

Eastern Workforce Investment Board agrees to pay the above entity for providing childcare services for the children listed below of:

Customer name	OSL ID Number	Dates of child care service
---------------	---------------	-----------------------------

### Children Names and Ages


*The service provider agrees to send a completed Childcare Attendance Record for each of the children listed above on the last day of each month in order to receive payment for child care services. The Child Care Attendance Record must be completed and signed in ink by the participant and the authorized service provider. This agreement is subject to availability of funds and budget limitations. This agreement may be terminated at any time with the 30-day period by EWIB or the provider with written notification.*

\_\_\_\_\_  
Child care provider signature and date

\_\_\_\_\_  
EWIB signature and date

\_\_\_\_\_  
Typed or printed name and title

\_\_\_\_\_  
Typed or printed name and title

### **Completing the Child Care Agreement**

- i. **Date:** Complete date the service is being requested
- ii. **Voucher No.:** Leave blank. This will be completed by EWIB staff.
- iii. **Vendor Name:** Type in the name of the individual or company receiving payment.
- iv. **EIN No.:** The company's tax ID number. If a voucher is submitted for a customer, this may be left blank
- v. **Contact Person:** The person or department receiving the billing
- vi. **Vendor Address:** The street, city, state and zip code of the vendor
- vii. **Vendor Phone:** The phone number of the vendor
- viii. **Vendor Fax:** The fax number of the vendor, if possible
- ix. **Quantity:** The number of a single type of item to be purchased
- x. **Item or Service Description:** The name of item or service to be purchased
- xi. **Cost per Item:** the amount the item costs individually
- xii. **Total:** The amount of the quantity multiplied by the cost per item. (auto calculated in the form)
- xiii. **Subtotal:** The sum of the total (auto calculated)
- xiv. **Total:** The sum of the subtotal and any misc expenses (auto calculated)
- xv. **Customer Name:** Type the customer's name as it appears in Oklahoma Service Link.
- ix. **OSL ID:** Type the customer's OSL ID number as it appears in Oklahoma Service Link.



# CHILD CARE ATTENDANCE RECORD



Child Care Service Provider: \_\_\_\_\_

Period of service: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Child: \_\_\_\_\_

**Instructions: Complete the form in INK. Do NOT use whiteout. The entire form must be complete, including signatures, before a payment is issued.**

Date	Time Arrived	Time Departed	Total hours	Total charge
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				

*I certify that the information recorded on this attendance record is correct to the best of my knowledge. I understand that any false statements on my part, including the filing of erroneous claims, may result in prosecution for fraud.*

\_\_\_\_\_  
Customer signature                      Date

\_\_\_\_\_  
Child Care Provider signature                      Date

### **Completing the Child Care Attendance Record**

- i. **Child Care Service Provider:** Type in the name of the individual or company receiving payment.
- ii. **Period of Service:** Type in the period of service (not to exceed 30 days) that child care has been provided.
- iii. **Customer Name:** Type the customer's name as it appears in Oklahoma Service Link.
- iv. **Child:** Type the name for the child that received child care services.

**The child care provider will complete the form noting the date, time of arrival, time departed, total hours of care, and the total charge for the day in ink. The customer and the child care provider will sign the agreement. The customer is responsible for returning the completed form to the case manager. The case manager will submit a supportive services voucher for the total amount due the child care provider.**



**Completing the Customer Mileage Reimbursement Sheet**

- i. **Name:** Type the customer's name as it appears in Oklahoma Service Link.
- ii. **OSL ID:** Type the customer's OSL ID as it appears in Oklahoma Service Link.
- iii. **Address:** Type the customer's street address, city, state and zip code
- iv. **Date:** Type in the period of service (not to exceed 30 days) that mileage support was provided.
- v. **Name of training institution and location:** Type the name and the location of the customer's training institution.
- vi. **Itinerary:** Type the starting point and end point of travel
- vii. **Date:** Type the date the travel occurred
- viii. **Map Miles:** Type the number of miles determined by the Oklahoma Department of Transportation website or State of Oklahoma map between the two points.
- ix. **Vicinity Miles:** Type the number of miles that is the difference between actual miles and map miles between the two points.

**The customer will complete the form in ink. The customer will sign the form at the end of the reimbursement period. The customer is responsible for returning the completed form to the case manager.**

**The case manager will complete the following information:**

- i. **Funding Stream:** it appears in Oklahoma Service Link.
- ii. **Map Miles:** Record the total map miles.
- iii. **Vicinity Miles:** Record the total vicinity miles
- iv. **Record the Mileage Rate:** Record the current rate of mileage reimbursement as determined by the State of Oklahoma via OETIS.
- v. **Total Reimbursement:** Multiple the total map miles by the mileage rate. Multiple the vicinity miles by the mileage rate.
- vi. **Total Mileage Claim:** Add the Total Reimbursement column.

**The case manager will sign and date the form in blue ink. The case manager will submit a supportive services voucher for the total amount at the end of the reimbursement period with the sheet and the appropriate support documentation.**



## VERIFICATION OF EXAM COMPLETION



**Student Name:** \_\_\_\_\_ **OSL ID:** \_\_\_\_\_

*This section must be completed in ink by an Authorized Representative at the time the examination is concluded.*

**Date of Examination:** \_\_\_\_\_

**Name of Examination:** \_\_\_\_\_

**Name of Examination Location:** \_\_\_\_\_

**Address of Examination Site:** \_\_\_\_\_

***This is to verify the student listed above has completed all examination requirements and can be considered by Eastern Workforce Investment Board for reimbursement of examination expenses. I have provided this information as a representative of an academic institution or a state licensed examiner. I can be contacted at the address and telephone number listed below to verify this written information if necessary.***

<i>Signature of Authorized Representative</i>	<i>Title of Authorized Representative</i>
<i>Typed Name of Authorized Representative</i>	<i>Typed Title of Authorized Representative</i>
<i>Address</i>	<i>City, State and Zip Code</i>
<i>Telephone Number</i>	<i>E-mail Address</i>