I. PURPOSE

This policy addresses the use of Workforce Innovation and Opportunity Act (WIOA) funds for supportive services and needs-related payments (NRPs) to support Adults, Dislocated Workers, and Youth participating in WIOA Title I activities.

II. BACKGROUND

The Workforce Innovation and Opportunity Act (WIOA) provides program guidelines for supportive services for adults and dislocated workers defined in WIOA Sections 3(59) and 134(d)(2) and (3). These include services such as transportation, childcare, dependent care, housing, and assistance with uniforms and other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye wear, and NRPs needed to enable individuals to participate in WIOA Title I activities. Supportive services for youth as defined in WIOA Section 129(c)(2)(G) can additionally include assistance with educational testing, reasonable accommodations for youth with disabilities, and referrals to health care.

III. DEFINITIONS

1. Needs-related Payments (NRPs) - Financial assistance to participants for the purpose of enabling them to participate in training and a supportive service authorized by WIOA Section 134(d)(3) for adults and dislocated workers and 20 CFR 681.570 for youth. Unlike other supportive services, in order to qualify for needs-related payments, a participant must be enrolled in training. Based on payment levels established by LWDBs and intended to provide cash assistance to participants. [20 CFR 680.930]

2. Public Assistance - Federal, state, or local government cash payments for which eligibility is determined by a needs or income test. [WIOA Section 3(50)]

IV. POLICY

All WIOA-enrolled Adults, Dislocated Workers, and Out-of-School and In-School Youth are eligible for supportive services as defined in WIOA Section 3(59).

1. Requirements for Adults and Dislocated Workers: Supportive services for Adults and Dislocated Workers can only be provided when necessary to enable individuals to participate
in career services or training services.

2. **Requirements for youth:** Supportive services for youth must be offered as one of the required program elements for youth participants. Youth are eligible to receive supportive services when participating in follow-up services.

3. **Notice of availability:** Information regarding the availability of supportive services in the Workforce Development Area and criteria for referral to those services must be provided to adults, dislocated workers, and youth through the WorkSource system.

4. **Support Services Limit:** Support Services will be limited to $4,000 per participant per program year. The limit will be reviewed periodically to ensure adequacy and availability of budget. The WDC may grant exceptions to the limit through use of the WDC-3001-EXR Exception Request form.

5. **Internal Controls:** Providers will establish internal controls that result in equitable treatment of participants, documentation requirements and assurance of coordination with other community resources.

**Examples of Support Services:** Supportive Services include, but are not limited to, financial assistance with or referral to the following:

<table>
<thead>
<tr>
<th>Allowable Support Services</th>
<th>Examples</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Notes on disallowable</td>
<td>Note: not limited to the list below</td>
<td>(Types of Documentation - Receipts/Invoices, Case notes, etc.)</td>
</tr>
<tr>
<td>1. Transportation assistance and personal auto repairs</td>
<td>Bus tickets, bus cards, gas card, van pool expenses, ferry costs, or other public travel costs. Brakes, water pump, timing belt, batteries, chains, lights, tires.</td>
<td>Receipts, invoices.</td>
</tr>
<tr>
<td>2. Childcare and dependent care costs</td>
<td>Daycare, etc.</td>
<td>Copy of invoice from childcare provider</td>
</tr>
<tr>
<td>3. Housing, including assistance with mortgage payments and referrals to housing agencies</td>
<td>Rent or mortgage</td>
<td>Copy of lease agreement, a letter from the landlord, <strong>OR</strong> an invoice showing rental address with participants name <strong>AND</strong> the amount of monthly rent</td>
</tr>
<tr>
<td>4. Utility assistance * fines and late fees are prohibited</td>
<td>Overdue electric, water, sewer, and/or garbage bills</td>
<td>Copy of utility bill with the participants name. A utility bill without the participants name with a matching address to their address on file would suffice. A written attestation would suffice.</td>
</tr>
<tr>
<td>5. Grooming supplies and services</td>
<td>Haircuts, hair color or personal hygiene items such as shampoo, soap, laundry detergent, make up, feminine hygiene supplies, toothpaste, and toothbrush</td>
<td>Copy of receipt showing services rendered</td>
</tr>
</tbody>
</table>
| 6. Assistance with medical, dental, optical, prescription services and referrals to such services | Services provided by a medical office, dental office and for items such as prescription, glasses, etc. | Copy of bill or invoice from the medical office listing the following:
- Participants name
- Service or item being provided
- Date(s) of service |
|---|---|---|
| 7. Clothing | Interview clothing, uniforms and other appropriate work attire such as jeans, shoes or business suit | Copy of receipt for items purchased listing the following:
- Items purchased
- Date of purchase
- Cost of items |
| 8. Required tools or other work or training-related materials | Protection eyewear, eyeglasses, boots and items required by employer for employment | Copy of letter from employer describing the participants name and need for equipment

**AND**

A copy of a receipt for the purchase listing the following:
- Items
- Cost per item
- Total cost of purchase
- Date |
| 9. Educational testing and accommodations | Pre-GED tests, Pre-SAT tests, GED testing fees; citizenship test fee | Copy of receipt from testing company listing the following:
- Participant name
- Amount paid
- Date of test |
| 10. Translation services | Interpreting services or document translation services | Copy of receipt from translation/interpretation company/individual listing the following:
- Date
- Time
- Amount of the service |
| 11. Job-related Adult Basic Education and English as a Second Language training | Classes and/or tutoring services related to improving English skills | Copy of receipt/invoice listing the following:
- Participant’s name
- Service provided
- Amount of the service
- Date(s) provided |
| 12. Foreign educational transcripts or credit evaluations | Transcripts or credit evaluation services | Copy of an invoice for order of foreign educational transcripts OR an invoice for credit evaluation service listing the following:
- Participant’s name |
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Evidence Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Non-commercial driver’s license training and assistance with driver’s license fees (both WSDL and commercial)</td>
<td>Driver’s education, classes, or license fees</td>
</tr>
<tr>
<td></td>
<td>Copy of invoice or receipt for courses related to driver’s education including the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Participant’s name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Service(s) provided</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Date(s) of service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cost of service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Copy of receipts for license fees from the State DMV office</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Essential services and materials for individuals with disabilities</td>
<td>Assistive technologies, equipment, supplies, devices, software, tools, or other supports necessary for an individual with a disability to complete training, become employed or retain employment. Accommodations must be specific to the disability of the individual.</td>
</tr>
<tr>
<td></td>
<td>Copy of receipt from company providing services or materials listing the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Items purchased services purchased OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Participant’s name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cost amount</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Date</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Out-of-state job search and relocation to a new job</td>
<td>Temporary housing and other incidental expenses which are necessary and allowable to enable individuals to participate in training or seek employment outside of their commuting area, relocation assistance for moving to an area outside of the local commute area for a bona fide job offer related to training.</td>
</tr>
<tr>
<td></td>
<td>* Out-of-state job search and relocation expenses that are paid for by the prospective employer are prohibited</td>
<td>Receipts, invoices, etc.</td>
</tr>
<tr>
<td>16.</td>
<td>Telecommunications &amp; Digital Support for job search &amp; training purposes</td>
<td>Laptop, mouse/mouse pad, monitor/screen, headphones, web cam, USB drive, required software, hotspot, voicemail, cell phone, internet and wi-fi access</td>
</tr>
<tr>
<td></td>
<td>Receipts</td>
<td>Copy of a monthly bill from the telecommunications company listing the following:</td>
</tr>
<tr>
<td></td>
<td>Copy of receipt from company providing services or materials listing the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Participant’s name OR an address matching the participants address on file</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Date(s) of service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cost of service</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Incentive payments (youth only – see separate youth incentives policy)</td>
<td>Incentive payments to WIOA Title I youth participants are permitted for recognition and achievement directly tied to training or education activities and work experiences. See Youth Incentive Policy for more information and examples.</td>
</tr>
<tr>
<td></td>
<td>See Youth Incentive Policy for more information on documentation.</td>
<td></td>
</tr>
</tbody>
</table>
### 18. Legal aid services

Attorney down payment, assistance with completion of legal forms, or aid in expunging criminal records

Copy of invoice from attorney’s office listing the following:
- Participant’s name
- Date(s) of service
- Cost of service

### 19. Education Resource Assistance

Books, fees, school supplies, and other necessary items for participants enrolled in postsecondary education classes

Copy of class schedule/syllabus listing the following:
- List of required syllabus
- Supplies, etc.

Copy of receipt listing the following:
- List of items purchased
- Purchase Date
- Amount of Purchase

### 20. Payments and fees for employment and training-related applications, assessments, tests, permits, and certifications

Fees for state-registered occupations (i.e. nursing, MA, CNA, childcare, or other health care occupations) or other recognized certifications that require a fee

Copy of receipt for approved certifications listing the following:
- Participant’s name
- Certification earned or test taken
- Date
- Amount

### 21. Other items not explicitly prohibited as below may be requested through an exception request and approved by WDC staff on a case-by-case basis.

Please complete the WDC-3001-EXR Exception Request form for purchases made that do not meet the requirements above.

Please complete the WDC-3001-EXR Exception Request form for purchases made that do not meet the requirements above.

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**Supportive Service Missing Receipt:**

In some unique circumstances, service providers may be unable to obtain receipts for goods or services. A receipt is considered missing when a monetary value is exchanged for goods and/or services and a receipt was requested and failed to be returned. If a participant fails to submit a receipt, providers must document the attempts made to participants in ETO to obtain a receipt. If a participant fails to return two receipts, the participant can no longer receive support services and providers may find alternative methods to issue support services to that participant.

**Disallowable Support Services include:**

1. Fines and penalties such as traffic violations, late finance charges, and interest payments;
2. Entertainment including tips;
3. Contributions or donations;
4. Vehicle payments;
5. Refundable deposits;
6. Groceries, including food or meals;
7. Alcohol, tobacco, or marijuana products;
8. Pet products;
9. Plants or supplies for plants;
10. Taxes;
11. Child support payments;
12. Membership fees (e.g., fitness or social club, annual fees on personal credit cards); and
13. Out-of-state job search and relocation expenses that are paid for by the prospective
**Needs-Related Payments**: WDC will provide needs-related payments.

The following defines the policy, eligibility, level of payment, and documentation requirements of needs-related payments (NRPs) for adults, dislocated workers, and out-of-school youth (OSY) ages 18-24 under WIOA Title I.

**POLICY:**

To be eligible to receive an NRP participants must:

A. Be unemployed [WIOA Sec. 134(d)(3) and 20 CFR 681.570];
B. Not qualify for, or have ceased qualifying for, unemployment compensation/extended unemployment compensation; (such as state funded training benefits) or Trade Readjustment Allowance (TRA) under Trade Act; and
C. Be enrolled in a program of training services [Sec. 134(c)(3) and 20 CFR 681.570].

Needs-Related Payments should be provided when it is determined that ongoing resources and income from all other resources (including supportive services from another program/partner) are insufficient to support participants in WIOA-funded training. Qualifications apply at the time of the NRP assessment and determination, not enrollment. Determination of financial need shall be based on the participant’s financial status at the time training begins and be revisited should participant’s income circumstances change.

Requests for Needs-Related Payments must include Attachment A – Training Support Analysis Form, Attachment B – Personal Resource Worksheet Desk Aid, and Attachment C – Needs Related Payment Determination Form. They must be submitted for review and approved by WDC management. Once approved, the documents are forwarded to the service provider’s fiscal department who handles payments and accounting.

Participants enrolled in structured WIOA training activities for a planned minimum of 5 hours per week, meeting attendance and academic progress to successfully complete the training course/class as defined by the training institution may be eligible for NRP at either the Basic or Graduated Rate. To capture training attendance and academic progress a record, such as a timesheet or monthly printout on attendance, must be obtained and signed by the supervisor.

Needs-Related Payments can only be provided when the individual is unable to obtain NRP or similar Supportive Services through other programs providing such services. The NRP must be necessary to enable the individual to participate in Title I training services. In emergency situations Needs-Related Payments and support services may be provide concurrently if justification is documented and approved by contractor management. The justification and approval documentation must be maintained in the participant file. Needs-Related Payments, and any support services provided, cannot put the family over the poverty line.

Payments cannot be made to participants that are on sick, vacation, or holiday if they did not meet the required weekly hours.

**Additional Eligibility Requirements (Dislocated Workers Only):**

To be eligible for Needs Related Payments a Dislocated Worker who has ceased to qualify for UI must have been enrolled in a training or education program by the end of the thirteenth week.
after the most recent layoff that resulted in the workers eligibility as a Dislocated Worker or if later, by the end of the eighth week after an employee is informed that a short layoff will in fact exceed six months.
Or for workers such as Displaced Homemakers, be unemployed and did not qualify for UI or TRA under Trade Act.

The term “enrolled in a training or education program” pertains to workers that qualified for UI and means that the worker’s application for training has been approved and the training institution has furnished written notice that the worker has been accepted in the approved training program.
For Dislocated Workers who cease to qualify for UI compensation as a result of a qualifying layoff, the weekly NRP payment level cannot exceed the applicable weekly level of UI compensation benefits.

Dislocated Workers who do not qualify for UI compensation as a result of a qualifying layoff, the weekly NRP payment level cannot exceed the poverty level for an equivalent period. The weekly payment level must be adjusted to reflect changes in total family income and weekly payments cannot exceed the maximum UI benefit allowed for the current period. Use the poverty level for family size established for the Adult program and divide by 52 weeks to determine a weekly poverty level.

PAYMENT:

**Basic Rate:** Individuals who receive weekly cash income that exceeds $150 are eligible for the Basic payment not to exceed $35 per week. Cash income includes wages, General Assistance, UI, Social Security, Supplemental Security Income, Refugee Assistance or Pell Grants (excluding tuition paid from the Pell Grant), as well as any other earned or unearned income. Child Support and TANF will be excluded from the calculation.

**Graduated Rate:** Individuals who receive cash income of less than $150 per week are eligible for rate payments up to 40 hours a week based on attending training hours, according to the following:

<table>
<thead>
<tr>
<th>Hours Rate Payment</th>
<th>Hours Rate Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 10 hours $</td>
<td>35.00</td>
</tr>
<tr>
<td>11 to 15 hours $</td>
<td>45.00</td>
</tr>
<tr>
<td>16 to 20 hours $</td>
<td>60.00</td>
</tr>
<tr>
<td>21 to 25 hours $</td>
<td>75.00</td>
</tr>
<tr>
<td>26 to 30 hours $</td>
<td>90.00</td>
</tr>
<tr>
<td>31 to 35 hours $</td>
<td>105.00</td>
</tr>
<tr>
<td>36 to 40 hours $</td>
<td>120.00</td>
</tr>
</tbody>
</table>

The amount that an individual may receive is $1,560 per one quarter (13 weeks) of school or training. Payments may start in the middle of one quarter and end in another but in no circumstance may the maximum amount paid to the individual exceed $1,560.

Determination of the financial need shall be based on the participant's financial status at the time training begins. The State of Washington has set requirements for issuing NRPs that contractors must follow WIN language. Justification for providing or not providing NRPs must be documented on the Determination Form (Attachment C), Training Support Analysis Form (Attachment A) and Personal Resource Worksheet (Attachment B) maintained in the participant file. The Personal Resource Worksheet is to be updated as financial need changes, including support services provided via another program/partner as documented on the Training Resource.
Map. A participant's eligibility for NRP and Payment Rate may be predetermined if the participant's financial circumstances change and the counselor deems it appropriate. If the participant has other resources that can be used to enable participation, NRPs should not be paid.

Non-WIOA Grants Addendum: Non-WIOA funded programs may have different support service guidelines than those listed above. For those programs, the grant-specific guidelines should be followed. See Addendum for additional, grant-specific policy guidance which may be effective for specific grant periods.

V. REFERENCES

Supportive Services:
- WIOA Section 3(59)
- WIOA Section 134(d)(2) – Adults and Dislocated Workers
- 20 CFR 680.330, 680.900, 680.910, and 680.920 – Adults and Dislocated Workers
- WIOA Section 129(c)(2)(G) – Youth
- 20 CFR 681.570 – Youth
- Training and Employment Guidance Letter (TEGL) 19-16, Section 14
- Training and Employment Guidance Letter (TEGL) 21-16, Section 7
- WorkSource Information Notice (WIN) 0078, Change 1
- WorkSource Information Notice (WIN) 0084
- WDC Technical Assistance Memo Number 13: Customer File Case Notes

Need Related Payments:
- WIOA Section 134(d)(3) – Adults and Dislocated Workers
- 20 CFR 681.570 – Youth
- Training and Employment Guidance Letter (TEGL) 19-16, Section 14
- Training and Employment Guidance Letter (TEGL) 21-16, Section 7

Supersedes:
- Policy 03-2001 v.9

Attachments
- Attachment A – Training Support Analysis Form
- Attachment B – Personal Resource Worksheet Desk Aid
- Attachment C – Needs Related Payment Determination Form
Attachment A - Training Support Analysis Form

1. Are you unemployed or have you received notification of layoff?
   □ Yes  □ No

2. Do you currently qualify for UI benefits?
   □ Yes  □ No

3. Do you currently qualify for additional state or extended UI benefits (e.g., Training Benefits)?
   □ Yes  □ No

4. Do you currently qualify for Trade Readjustment Allowances (TRA)?
   □ Yes  □ No

5. Are you receiving any other federal or state income support? Examples: TANF, Training Completion Aid?
   □ Yes  □ No

6. Have you considered all other resources available that will help you successfully participate in your full-time training program? Examples of other resources include, but are not limited to, Pell grants, severance pay, other family income (e.g. spouse’s income).
   □ Yes  □ No

7. Do you need income support beyond these other resources in order to participate in training full-time?
   □ Yes  □ No

**NRPs are not intended to provide the entire amount of income support you need to complete your training.** If you are awarded an NRP, it will be based on this support analysis and the weekly NRP level will be determined by the LWDB. These payments are made to help you while making satisfactory progress while attending school. NRPs are subject to your eligibility for the program and total funds available.

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

Signature: ___________________________  Date: _______________
<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Monthly Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>Rent/Mortgage</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>Electricity</td>
</tr>
<tr>
<td>Other Family Members</td>
<td>Heating</td>
</tr>
<tr>
<td>Child Support</td>
<td>Water/Garbage/Sewer</td>
</tr>
<tr>
<td>Social Security</td>
<td>Telephone</td>
</tr>
<tr>
<td>Maintenance/Alimony</td>
<td>Monthly Auto Payments</td>
</tr>
<tr>
<td>Retirement</td>
<td>Day Care</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>Medical</td>
</tr>
<tr>
<td>Social Security</td>
<td>Monthly Credit Card Pymt</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>Monthly Loan Payment</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>Food</td>
</tr>
<tr>
<td>Other:</td>
<td>Clothing</td>
</tr>
<tr>
<td></td>
<td>Fuel</td>
</tr>
<tr>
<td></td>
<td>Public Transportation</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td><strong>Total Monthly Income</strong></td>
<td><strong>Total Monthly Expenses</strong></td>
</tr>
</tbody>
</table>

**Participant’s Net Income (Income Minus Expenses):**

**Participant’s Financial Contribution:**

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

Participant Signature ___________________________ Date __________

Case Manager Signature ___________________________ Date __________
ATTACHMENT C: NEEDS-RELATED PAYMENT DETERMINATION FORM

Name: ______________________________  Case: ______________________________

Activity: ____________________________  Start Date: ____________________  End Date: ______________________

A revised NRP Form must be completed if the NRP rate changes.

1. Income Determination:

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Weekly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. NRP Rate:

Graduated: Individuals who receive cash income less than $150 per week.

☐ $35.00

Basic: Individuals who receive cash income more than $150 per week.

☐ 5 to 10 hours = $35.00  ☐ 21 to 25 hours = $75.00
☐ 11 to 15 hours = $45.00  ☐ 26 to 30 hours = $90.00
☐ 16 to 20 hours = $60.00  ☐ 31 to 35 hours = $105.00
☐ 36 to 40 hours = $120.00

4. Participation

Is the participant meeting attendance and/or academic progress to successfully complete the training course/class as defined by the training institution?

☐ Yes  ☐ No (if no, then NRP cannot be offered)

How was successful academic and/or attendance verified?

5. Comments:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Participant Signature ___________________________  Date ______________________

Parent or Guardian (If participant is under 18 years of age)  Date ______________________

Case Manager Signature ___________________________  Date ______________________