Background

According to DWD Issuance 04-2014 Change 1, The Workforce Innovation and Opportunity Act (WIOA) defines Supportive Services as those services necessary to enable an individual to participate in activities authorized under Title I of WIOA. Since WIOA programs are not an entitlement, Supportive Services payments will be made on a case-by-case basis for customers who are currently enrolled in Intensive and/or Training level services within Saint Louis County and are unable to obtain Supportive Services through other means including themselves, their support network, financial aid, student loans or community agencies that provide these services.

Supportive Service Committee:

Saint Louis County Workforce Development has established a committee to oversee the supportive service transactions within the region. The committee will meet within two business days of each received request to ensure they are reviewed expeditiously. The Supportive Service Committee is comprised of the Saint Louis County Workforce Development Director, the Saint Louis County Technical Research and Compliance Manager and any other designee(s) of the Saint Louis County Workforce Development Director.

Community Resources:

In order to leverage funds, local community resources must be explored prior to submitting a Supportive Service request. See Attachment 1 for a list of community resources that must be explored in conjunction with other community resources.

Supportive Service Coverage:

Eligibility

This Policy Applies to Youth, Adult, Dislocated Worker, National Emergency Grant (NEG), including those co-enrolled Trade or Rapid Response customers who are participating at the Intensive and/or Training level within the Saint Louis County Region. Customers who are participating at the Basic Career Services level are not eligible for Supportive Services.

Financial Limitations

Supportive Services for the Saint Louis County region are capped at $500 per customer per calendar year. This also applies to customers who have received Supportive Service payments from other regions during
the current calendar year. Supportive Service requests beyond the capped amount must include a justification statement from the customer.

**Covered Supportive Services**

Supportive Services may include transportation, work attire or uniforms, work-related tools, testing fees, child care, dependent care, emergency aid and needs-related payments that are necessary to enable an individual to participate in activities authorized under WIOA Title I. Supportive Services may also include incentives for Youth participants.

**Transportation**

- Public transportation tickets will be purchased by the Region and provided to customers upon committee approval.
- Private transportation (i.e. personal vehicle) will be reimbursed at the current IRS mileage reimbursement rate. Transportation costs will be calculated using the customer’s residence as a starting and ending point. However, if full IRS mileage reimbursement is provided to a customer, no car repair assistance will be authorized for that customer.

Yet, the extent of Supportive Services provided will vary based on customer needs, availability of funds and resources. Supportive Services payments must be requested individually and for specific needs related to participation.

**Supportive Service Request Procedures:**

Prior to consideration, Staff must complete the following steps:

- Assist the customer in exploring other means of supportive services (i.e. financial aid, loans and community resources).
- Verify the customer is enrolled in the Youth, Adult, Dislocated Worker or NEG program at an Intensive and/or Training level.
- Ensure the Supportive Service request is necessary for the customer to achieve the goals outlined in their Employment Plan.
- Obtain financial information from the customer that demonstrates their inability to afford the support service on their own.
- The customer must provide official documentation for the supportive service need. Examples include but are not limited to:
  - Documentation from an employer listing required items
  - Documentation from a training provider listing required items
  - Child care/Dependent Care/Needs-related invoice from a verifiable third party
• Complete the Financial Needs tab in Toolbox/MIS to determine the customer’s need.
  o This tab has a List of Values for the types of Monthly Household Resources and Monthly Household Expenditure.
  o Household Resources and Household Expenditures will be automatically calculated and the Net Difference between the two will be displayed.
• The customer must write a formal justification statement if the request is over the Supportive Service capped amount
• Staff must submit a Supportive Service Transmittal Request Form to the Supportive Service Committee.

**Supportive Service Approval:**

• Staff must enter a service note verifying the customers Supportive Service approval.
• In all cases, the staff must review Service Notes prior to making any Supportive Service payments to avoid duplicate payments.
• All Supportive Service payments must be documented in Toolbox/MIS and include at a minimum all of the following:
  o The type of Supportive Service paid
  o The amount of Supportive Service paid
  o The timeframe the Supportive Service was paid for
  o The justification of need for the Supportive Service; and
  o Lack of other community resources
• In most cases, payments will be made directly to the vendor. However, in extenuating circumstances, the Saint Louis County Director may approve a direct payment to the customer.
ATTACHMENT 1

LOCAL COMMUNITY RESOURCES

Clothing

- Goodwill Industries International  [www.goodwill.org](http://www.goodwill.org)
- Dress for Success  [http://www.dressforsuccess.org](http://www.dressforsuccess.org)
- Value Village
- The Resale Shop  [http://ncjwstl.org/resale.html](http://ncjwstl.org/resale.html)
- The Women’s Closet Exchange  [www.womensclosetexchange.net](http://www.womensclosetexchange.net)
- St. Louis Adventist

Childcare

- Missouri Department of Social Services  [www.dss.mo.gov](http://www.dss.mo.gov)
- Catholic Charities of St. Louis  [www.ccstl.org](http://www.ccstl.org)
- Crisis Nursery  [www.crisisnurserykids.org](http://www.crisisnurserykids.org)
- Salvation Army  [www.stlsalvationarmy.org](http://www.stlsalvationarmy.org)

Housing

- Community Action Agency (CAA)  [www.caastlc.org](http://www.caastlc.org)
- Better Family Life  [www.betterfamilylife.org](http://www.betterfamilylife.org)
- Urban League of Metropolitan St. Louis  [www.ulstl.org](http://www.ulstl.org)
- Catholic Charities of St. Louis  [www.ccstl.org](http://www.ccstl.org)
- American Red Cross  [www.redcrossstl.org](http://www.redcrossstl.org)
- Salvation Army  [www.stlsalvationarmy.org](http://www.stlsalvationarmy.org)
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Food

- St. Louis Food Bank  www.stlfoodbank.org
- Food Outreach  www.foodoutreach.org
- St. Louis Adventist

Utility Assistance

- Community Action Agency (CAA)  www.caastlc.org
- Catholic Charities of St. Louis  www.ccestl.org
- Salvation Army  www.stlsalvationarmy.org

This is not a complete list all resources available in the Saint Louis Area
Supportive Services Transmittal Form

Submission Date: __________________________ Partner Name: __________________________

CUSTOMER INFORMATION:
Customer Name: __________________________ App ID #: __________________________

INTENSIVE/TRAINING ENROLLMENT:
Adult: ______ Dislocated Worker: ______ Youth: ______ NEG: ______ Rapid Response: ______
WIA/WIOA ITA Recipient: Y/N ______

SUPPORTIVE SERVICE REQUEST:
Has the Customer previously received Supportive Services from Saint Louis County or any other Region?
Y/N: ______ Amount Received: __________ Date Received: __________ Purpose: ______

Amount Requested: __________________________

Purpose: Work-related ___ Education Related ___ Needs Related ___ Emergency Aid ___

Explanation: __________________________________________________________________________
_____________________________________________________________________________________

COMMITTEE PURPOSE ONLY:

Approved: _______ Approval Date: __________ Denied: _______ Denial Date: __________

Committee Comments: __________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________