
NORTH CENTRAL
COUNTIES CONSORTIUM

**SUPPORTIVE SERVICES
MANUAL**

July 2015

REVISION

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SUPPORTIVE SERVICES/TRAINING NEEDS

I. STATEMENT OF PURPOSE

To establish basic guidelines to be used by service providers in the provision of supportive services to enable an individual to participate in activities under the Workforce Innovation and Opportunity Act (WIOA).

II. BACKGROUND AND SUPPORTIVE SERVICES DEFINITION

Supportive services for adults, dislocated workers, and youth are defined in WIOA Section 3(59). They include services such as transportation, child care, dependent care, housing, and needs-related payments, which are necessary to enable an individual to participate in activities authorized under WIOA Title I.

III. REFERENCES

WIOA Section 3(59), Definitions
WIOA Section 129(c)(2)(G), Youth Program Elements
WIOA Section 134(c)(2)(A)(iii - xii)
WIOA Section 134(d)(2)
WIOA 181 (a)(b)(7) & (e)
Federal Register/Proposed Rules 680.900-920
WIAD03-10, Allowable Costs
WSD12-10, Procurement
NCCC Policy #03, Procurement

IV. NCCC POLICY

It is the policy of the North Central Counties Consortium (NCCC) to ensure, to the extent possible, that similarly situated participants receive similar supportive services. The provision of such services to applicants and participants shall be based upon a thorough review of the individual's needs, assessment and Individual Service Strategy¹ (ISS). The following applies:

- A. *Supportive services may only be provided to:*
- 1. adults and dislocated workers who are participating in WIOA funded career or training services; WIOA funded youth participants; and,*
 - 2. who are unable to obtain such supportive services through other programs providing such services.*

¹ The Individual Service Strategy is only required for participants in WIOA Youth Programs

- B. *Supportive services may only be provided when they are necessary to enable individuals to participate in Title I activities.*
- C. *NCCC service providers and other community service providers shall develop resources and service coordination for supportive services in the local area. In addition, procedures for referral to such services, including how such services will be funded when they are not otherwise available from other sources are outlined in NCCC's Supportive Services Procedure.*
- D. *The provision of accurate information about the availability of supportive services in the local area, as well as referral to such activities, is one of the core services that is made available to adults and dislocated workers through the One Stop delivery system and is outlined in NCCC's Supportive Services Procedure.*

Limitations

- *Participation in WIOA shall not be construed to provide an individual with an entitlement to a supportive service.*
- *One Stop operators may establish limits on the provision of supportive services, including a maximum amount of funding and maximum length of time for supportive services to be available to participants.*

V. RESTRICTIONS

A. Program Participation

Neither eligibility for, nor participation in a WIOA program creates an entitlement to services, and nothing in the Act shall be construed to establish a private right of action for a participant to obtain services described in the objective assessment or ISS.

B. Business Capitalization

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

C. Deposits

NCCC will not pay or reimburse for any type of deposits, e.g. rental, lease, etc.

D. Mortgage and Car Payments

Program funds cannot be used to buy real estate or cars e.g. cannot pay mortgage or car payments for participants.

VI. PROCEDURE

The procedural steps for processing supportive services requests for reimbursement or payment are outlined below and further elaboration is provided in subsequent sections. It is the responsibility of the NCCC service providers to ensure local systems are in place for the review, approval and payment of supportive services pursuant to current regulations, directives, and Local Workforce Area (Local Area) policies and procedures, and that the expenditures are tracked in-house. All supportive service payments will be the service provider's responsibility.

Local systems should, at a minimum, include the following procedural steps:

- A. The provision of accurate information relating to the availability of supportive services in the local area must be available as a self-service core service at all One Stop locations.
- B. Determine the need: The need for supportive services shall be determined using local procedures documenting a need for participants in WIOA activities who are unable to obtain supportive services through other programs providing such services. In addition, periodic reviews shall be conducted to determine the participant's continued or emerging need for supportive services.
- C. Budget Statement: A budget statement must be completed for all Adult and Dislocated Worker participants who receive WIOA supportive services, or other payments. One Stops may design this document for their own needs and requirements, but for NCCC purposes the budget statement must include the following items:

1. Total income compared to total monthly expenses to document the need for support;

For training service(s) only the budget statement should also include:

2. Participant has been advised that if pursuing classroom training, a student loan could be needed and result in personal indebtedness;
3. Participant has been advised of other financial aid programs/grants;
4. If the participant has applied/received other non-WIOA financial aid (if yes list type, amounts and purpose of aid);
5. If the participant is receiving assistance from any other agencies (if yes list the agency name, amounts, and purpose of support).

Note: At this time a budget statement is not required for youth programs.

- D. Document the need(s): The need must be documented in the Individual Service Strategy (ISS) or a case note for the adult programs and in the ISS for youth programs.
- E. Identify the best available resource to provide the supportive service based upon the participant's need. When possible use the One Stop's referral system to obtain the supportive service through other programs providing such services.

- F. Ensure all procurement standards are met. Requirements for procurements using WIOA funds are outlined in WIA Directive WSD12-10 and NCCC Policy #03, Procurement.
- G. Ensure the participant is enrolled in the CalJOBS a supportive service activity AND into the activity for which supportive services are being provided.
- H. Ensure that supportive services are reasonable and necessary to enable individuals to participate in Title I activities.
- I. Ensure that a complete copy of the supportive services application with back up documentation is maintained by the service provider and at a minimum the SS Application must be kept in the participant's case file.
- J. Ensure that all supportive service applications for participant reimbursements are processed, at least, on a monthly basis. A large gap between the times the cost was incurred to the actual reimbursement could demonstrate a lack of need on the participant's part.
- K. NCCC Administrative Office will reimburse the agency's supportive services payments through the cost reimbursement invoice procedure.

VII. SUPPORTIVE SERVICES APPLICATION

The supportive services application (application) shall be used for requesting supportive services reimbursements and payments. One Stops must use this application for all supportive service reimbursements or payments. Each application must have the appropriate supporting documentation attached. One application may not be used to request payments for two parties; a separate application is required for each individual or agency.

Service providers may alter the form when used for requesting supportive service payment(s), but they may not change the information or order of information on the original supportive service application. One Stop logos may replace the NCCC Logo.

The application may be used by One Stops to approve encumbered/obligated projections for participants. This is optional and is not a requirement of this procedure. **IF the application is used for this purpose, it must be a separate application than one requesting supportive service payment(s). One application may not be used for both reimbursements and payments and as a local encumbered/obligated request.**

A. Instructions for Use

- Box 1 – check if the application is used for a payment, a purchase order or for local approval for encumbered projections.
- Box 2 – enter the funding source the supportive service will be charged to.
- Box 3 – check the appropriate activity or youth category.
- Box 4 – enter the date the application is being completed.
- Box 5 – enter the participant's name.

- Box 6 – enter last 4 digits of the participants Social Security number for identification purposes.
- Box 7 – enter the name of staff requesting the supportive service payment for the participant.
- Box 8 – signature of the individual who has local review and approval authority.
- Box 9 – check the type of support being requested on the application.
- Box 10 – please list the activity name² that is supported by the request and if not clear in box 9, please list what support is being requested.
- Box 11 – *local use only* to enter total(s) to approve encumbered requests.
- Box 12 – enter the total payment amount for the application.
- Box 13 – enter the name the check/purchase order will be payable to, if needed include the address.
- Box 14 – *local agency use*.

It is the service providers' responsibility to ensure each request complies with governing rules and regulations, the application is properly completed and reviewed and that all appropriate supporting documentation are attached to the application.

B. Supporting Documentation

Supporting documentation, for the purpose of this manual, refers to the appropriate and necessary verification, e.g. original claim forms, receipts, invoices, applications, etc., needed to justify a participant reimbursement or a vendor payment. All supportive services applications processed for reimbursement or payment must have the appropriate supporting documentation attached.

The appropriateness of the supporting documentation depends upon the nature of the supportive services/training needs expense, and whether it is a participant reimbursement or a vendor payment.

A variety of reimbursement and payment situations, along with the appropriate supporting documentation required for each is discussed in the following sections. This is not an exhaustive list of situations, but it provides the basis for determining the appropriateness of supporting documentation.

1. Participant Reimbursements

In order for participants to be reimbursed for supportive service expenses, the supporting documentation must clearly indicate that the participant has paid for the supportive services, except for mileage reimbursements that are discussed later.

Participant reimbursements will be made only to participants for expenses incurred while participating in a WIOA activity or as an allowable post-employment/exit supportive service expense. All supporting documentation must be in the participant's name.

² Supportive Services are provided to enable individuals to participant in WIOA activities; it is required to enter the name of the activity in this box.

a. Reimbursement for Purchases:

Supporting documentation for participant reimbursements is an original receipt(s) or payment statement(s)³. The receipt or statement must include the following information:

- Purchase date
- Vendor's name
- Itemized list of merchandise and/or service (item name and unit price)⁴
- Total cost
- Method of payment (cash, check, charge)
- Zero balance, "paid in full", "paid", etc. on receipts only

b. Reimbursement for Mileage/Travel Related Expenses:

Requests for participant mileage reimbursements and other travel related costs i.e. parking, meals, lodging, etc., shall be considered in cases where assistance is required in order for a participant to travel for WIOA activities, including job interviews and job search, in their private vehicle. Mileage reimbursements will be made at the rate of 20 cents per mile. Mileage reimbursement does not preclude participants from receiving vehicle repairs and maintenance to keep the vehicle running/functioning.

The Participant Mileage Claim Form shall be used for participant mileage reimbursement and the Expense Account Form ⁵ (attached) shall be used for participant mileage and travel related reimbursements.

Each form shall:

- 1) Be thoroughly completed in ink by the participant.
- 2) Be signed in ink by the participant and service provider staff that is authorized to approve the request. The authorized signature verifies that the claim has been reviewed for accuracy, completeness and that the dates for which reimbursement is being claimed match the participant's attendance at training, job interviews, job search etc.
- 3) Reflect the total miles being reimbursed along with the reimbursement amount. If the participant only requires mileage for one-way, then the mileage form should only reflect mileage from the starting location to the destination or vice versa. Do not show the round trip mileage divided in half.
- 4) Mileage amounts and dates must be posted on a separate row for each day.

³ Payment statement must be in the participant's name and must clearly identify item(s) that are being reimbursed.

⁴ If a receipt or statement reflects item code numbers instead of item names, the case manager must ensure the item names are written next to the appropriate code number.

⁵ Locally developed expense account forms and participant mileage reimbursement forms may be utilized with NCCC approval.

- 5) Include an explanation of any deviations or special circumstances apart from that ordinarily reported by the participant, e.g. varying daily mileage.
- 6) If applicable, reflect the total amount of each travel related expense *per day*.⁶

The collection of appropriate supporting documentation is *required* for all mileage/travel related expenses and includes: the participant's attendance at training; for job interviews or job search documentation will include the collection of written confirmation by employer for job interviews (include date and location) or collection of the business card(s) of employer/business with date or copy of the completed employer/business application⁷.

Reimbursement may also include costs for public transportation. For long distance job interview and/or job search the actual cost of gas should be reimbursed, rather than mileage reimbursement for personal vehicles. Only gas can be reimbursed for rental vehicles.

c. Reimbursement for Books

Participants who are enrolled in Yuba College classes are referred through locally established systems to obtain the required books for their classes. However, when circumstances prohibit such a referral and the participant purchases his/her books pending reimbursement, the following supporting documentation is required:

- 1) A current study list or class schedule for participants enrolled at Yuba College, Butte College, Mendocino College, etc. For participants enrolled in ROP classes, a book request list (with current prices) signed by the instructor.
- 2) An original receipt containing the information listed in Item VII.B.1.a.

The same form of documentation applies for participants attending other educational institutions for which the NCCC service provider does not have a pre-arranged system in place for payment.

2. Vendor Payments

a. Invoices

Appropriate documentation for vendor payments is primarily the vendor's invoice. It must include:

- Invoice date
- Vendor's name and address

⁶ Supporting documentation for each expense, e.g. receipts for parking, meals, etc. must be attached to the Expense Account form.

⁷ If the participant cannot obtain a document from the list we are requiring that on the Participant Mileage Claim or on the Expense Account form, in the "Purpose" column the participant must list the name(s) and address of the business(s) where they conducted job search. Total mileage would be listed for the date, but each employer must be listed.

- Include the participant name, if applicable
- Date expense was incurred or services rendered
- Itemized list of merchandise or services
- Total amount due

b. Application, Test Fees, Registration and Order Forms

These are other types of appropriate documentation for vendor payments.

- 1) Forms must be completed by the case manager or the participant and the necessary signatures obtained, if applicable.
- 2) Forms should provide the same information as that required above for an invoice.

c. Child Care Payments

It is a requirement of NCCC to reimburse only licensed child care providers for services rendered to participants who have a documented need. When selecting providers, section V.C.1., Small Purchases Procedures, of the NCCC Procurement Policy must be followed. Two quotes⁸ or prices must be obtained and maintained by the service provider for small purchases between \$1 and \$9,999 and three quotes for small purchase between \$10,000 and \$49,999.

The following applies when processing a supportive services application for child care:

- 1) A completed Child Care Services Application must be on file for each provider used by a participant.
- 2) A completed Itemized Child Care Claim form signed by the child care provider, participant, and the case manager attached to the supportive services application.
 - a) A separate itemized claim form is needed for each child.
 - b) Ensure that the rate of reimbursement, i.e. hourly, daily, etc., from the Child Care Services Application is reflected in the "Rate" column of the itemized Child Care form.
 - c) Signature of the case manager certifies that an approved Child Care Services Application is on file for each licensed provider and the claim form is consistent with the terms of the application.

⁸ Quotes for child care payments must use the Child Care Services Application and maintained.

3. Relocation Expenses

Relocation expenses can only be provided to participants who gain a regular full-time job at a worksite that is not within a commutable distance (generally about 50 miles). If such assistance is provided, efforts should be made to pay minimal expenses. The following supporting documentation is required:

- a. Written confirmation of the job, specifying start date, signed by the employer and on the employer's letterhead.
- b. Original receipts⁹ or payment statement¹⁰ for allowable relocation expenses, e.g. meals, lodging, rented moving vehicles, gas, etc.

4. Short-term Prevocational Services

Short-term prevocational services under WIOA are a Career Service defined as: services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prepare individuals for unsubsidized employment or training.

These services may only be provided to Adult and Dislocated Worker program participants who are enrolled into the Career Service activity Short-term Prevocational Services and the need for such service must be documented in the participant's ISS.

These services must prepare individuals for unsubsidized employment or training. Development of learning skills could include the following:

- basic skills
- GED preparation
- English as a Second Language
- Prerequisites/recommended courses required for occupational specific programs and skill enhancement courses that prepare for unsubsidized employment.

For example, a participant needs to take one or two classes (CPR class, typing class etc.) to enter training or the participant only needs one or two classes (Excel, Microsoft Word, Business English etc.) to attain or retain employment. Exclusions are vocational courses that are occupational specific.

An Individual Training Account (ITA) is not required for Short-term Prevocational Services. It is not necessary for the vendor to be on the ETPL. However local systems should insure that:

- provider/vendors have student liability insurance;
- course leads to a certificate of skill attainment or completion; **and**
- the cost associated with the service is necessary and reasonable.

⁹ The original receipt or payment statement must include the information required in section B.1.a., Participant Reimbursement

¹⁰ Payment statement must be in the participant's name and must clearly identify item(s) that are being reimbursed.

Payments to vendors must follow the steps outlined in C.2 of this section. As with any supportive service application the appropriate supporting documentation must be attached and maintained in the file. Additional documentation would be:

- attendance **and**
- documentation of successful completion.

5. Miscellaneous

a. Tools

Tools may be provided under the following circumstances:

- 1) When they are required for a participant's successful completion of an on-the-job training (OJT) assignment and are not provided by the employer. Participant must be receiving an hourly wage of at least twice the minimum wage.¹¹
- 2) When they are required for the participant's successful completion of classroom training, provided they are not included in the cost of the training.
- 3) When the participant has entered unsubsidized employment and is receiving an hourly wage of at least twice the minimum wage.

The following supporting documentation is required:

- An itemized list of the required tools.
- List must be signed by the employer or instructor.
- If the request is an OJT assignment or a post-employment service, the participant's hourly wage must be included in the Comments (Box 10) section of the supportive services application.
- If the participant has a bona fide offer of employment for which tools are required, a written statement from the employer confirming the participant's employment is needed, in addition to the itemized list of tools.
- If the participant purchases the tools pending reimbursement, a receipt is required as outlined in section VII.C.1, in addition to the itemized list and if applicable, the employer statement.

b. Housing and Utility Bills

Supportive services request for the payment of rent¹² or utility bills requires the following supporting documentation:

¹¹ Minimum wage referred to above is the current California Minimum Wage set by the California Department of Industrial Relations' Industrial Welfare Commission.

¹² Reimbursement of rental or lease deposits is not an allowable expense.

- 1) Rent
 - a) A rental or lease agreement bearing the participant's name, and
 - b) An original statement signed by the landlord reflecting the amount of rent due and the corresponding dates.

- 2) Temporary Shelter

Should only be utilized in situations where a participant finds himself/herself in need of lodging. This service should only be provided after other resources have been exhausted, e.g. family, friends, Salvation Army, etc.

The supporting documentation is the same, as that required for rent.

- 3) Utility Bills

As with all supportive services all other resources should be exhausted before WIOA funding is used. Counties and PG&E have support programs. Utility bills should only be paid when the participant is at risk of losing utilities and must be documented by one of the following:

- a) An original 15-day notice bearing the participant's name or the name of a member of the participant's family¹³, and current address.
- b) An original bill bearing the participant's name or the name of a member of the participant's family, and current address indicating payment is one month behind and documentation that the participant has no ability to pay.

- c. Participants Who Need Gas

For those participants who have an immediate or emergency need for gas, local systems may be developed to directly pay for the gas or to purchase gas cards for the participants. The following is required:

- 1) Prepare a supportive services application and include in the Comments (Box 10) section how much gas is needed, along with other required information.
- 2) Attach supporting documentation, e.g. receipt, reflecting how much gas was received and other required information (see under Vendor Payments).
- 3) It may be necessary to purchase gas cards for participants; documentation must include information required for #1 and 2 above and must include the completion of a Participant Mileage Claim Form to show mileage that closely matches the amount of the gas card.

¹³ Family referred to above must follow the WIOA definition of family. If the participant's name is not on the utility bill then another source must be used to show the participant is a resident of the address for which the utilities are being paid.

- 4) If the participant is also receiving mileage reimbursement, then the cost of the emergency gas shall be deducted from the reimbursement amount.

d. Health Care

Health care may include such items as safety glasses, physical, substance abuse treatment, etc. Health care services shall only be paid for when they are necessary to enable the individual to participate in Title I activities. Supporting documentation is required.

e. Meals

Although NCCC has not established a daily per diem limit, you may use the State's rate as your guideline for determining what is reasonable. A receipt for each meal is required, see section VII.C.1 Participant Reimbursements. Reimbursement for alcoholic beverages is prohibited.

f. Financial Counseling

Financial counseling should involve in-kind assistance for the most part, although referral to credit counseling could be considered in extreme cases. Supporting documentation is required.

g. Union Dues

Union dues are an allowable expense to assist a participant to obtain or retain employment in a union position. Supporting documentation is required.

VIII. POST EXIT SUPPORTIVE SERVICES

- A. Supportive services after exit for adults and dislocated workers are limited to those who have entered unsubsidized employment and are considered a follow-up service. Follow-up services must be made available, as appropriate, for a minimum of 12 months.
- B. Supportive services after exit for youth is considered a follow-up service and is not limited to those who have entered unsubsidized employment. All youth participants must receive some form of follow-up services for a minimum duration of 12 months. Types of services and duration of services must be determined based on the needs of the individual.

IX. ATTACHMENTS

Supportive Services Application
Child Care Services Application
Itemized Child Care Claim Form
Participant Mileage Claim Form
NCCC Expense Account Form



1. <input type="checkbox"/> Supportive Service Payment			
<input type="checkbox"/> Purchase Order			
<input type="checkbox"/> Local Approval for Encumbered Projections			
2. Funding Source _____			
3. <input type="checkbox"/>	Core/Career Service	<input type="checkbox"/>	Training Service
<input type="checkbox"/>	Intensive/Individual Career Services	<input type="checkbox"/>	In-School
<input type="checkbox"/>	Out-of-School	<input type="checkbox"/>	Post Exit Service

SUPPORTIVE SERVICE APPLICATION

4. Supportive Service Date:	5. Participant Name:	6. Last 4 digits of SS#:
<p>NCCC requires that Supportive Services may only be provided when necessary to enable the individual to participate in WIOA activities and no other funds are available to meet this need. Approval of this application assures the above criteria are met.</p>		
7. Name of Case Manager:		
8. Reviewed and Approved by:		
9. Supportive Service Request:		
<input type="checkbox"/> Mileage	\$ _____	<input type="checkbox"/> Fees
<input type="checkbox"/> Clothing/Uniforms/Work	\$ _____	<input type="checkbox"/> Books
<input type="checkbox"/> Clothing/Uniforms/Training	\$ _____	<input type="checkbox"/> Required Supplies
<input type="checkbox"/> Transportation Costs	\$ _____	<input type="checkbox"/> Test/Application Fees
<input type="checkbox"/> Health/Medical	\$ _____	<input type="checkbox"/> Other (please note in box 10)
10. Activity/Comments:		
11. Total Encumbered Amount (optional for local use): \$ _____		
12. Supportive Service Check or Purchase Order Amount: \$ _____		
13. Make Check or Purchase Order Payable to: _____		
14. Local Agency Use:		



CHILD CARE SERVICES APPLICATION

Participant Name: _____	
Child's Full Name: _____	Age: _____
Child's Full Name: _____	Age: _____
Child's Full Name: _____	Age: _____
Name of Child Care Provider: _____	
Tax I.D. Number: _____	
Address: _____	
Phone No.: _____	License No.: _____ Exp. Date: _____
Fee for 1 Child: _____	Per: Hour____ Day____ Week____ Month____
Fee for Each Additional Child: _____	Per: Hour____ Day____ Week____ Month____
Additional Fees (i.e. registration, etc.): _____	
_____/_____	_____/_____
Participant Signature	Date
Child Care Provider	Date
WIOA OFFICE USE ONLY	
DESCRIPTION AND COST	
Date Services Begin: _____	Proj. Date Services End: _____
Approx. Cost per Hour/Day/Week/Month: _____	Approx. Total Cost: _____
Comments: _____	

Agency Approval Signature	Date

**REIMBURSEMENT CONTINGENT ON INDIVIDUAL'S CONTINUED PARTICIPATION IN WIA PROGRAM
(RETURN APPROVED COPY TO CHILD CARE PROVIDER WITH CLAIM FORM)**



MAIL TO:

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ITEMIZED CHILD CARE CLAIM

Participant's Name: _____ Child's Name: _____

Date	Time Started	Time Ended	Total Hours	Rate per: Hr/Wk/Day/Mo.	Cost of Care
Comments: _____ _____					TOTAL: \$

I certify, under penalty of perjury, that I have provided the above listed services and I have not been previously paid for such.

_____ Child Care Agency Name _____ Child Care Agency Signature _____ Date

_____ Child Care Agency Address, City, Zip _____ Participant's Signature _____ Date

I certify, under penalty of perjury, that an approved childcare application is on file and this claim is consistent with the terms outlined therein.

Case Manager Signature _____ Date _____



MAIL TO:

--

PARTICIPANT MILEAGE CLAIM FORM FOR MONTH OF _____, 20__

Participant Name: _____ Case Manager: _____

Date	Starting & Return Location (City)	Destination (City)	Purpose	Mileage
Comments: _____			Total Miles	
_____			Mileage Rate/Mile	
_____			Total Reimbursement	

I hereby certify that the above is a true and accurate report of authorized mileage expenses that I incurred while participating in the WIOA program during the above-mentioned period.

_____ Participant Signature

_____ Date

Approved: _____

_____ Date



EXPENSE ACCOUNT FOR MONTH OF _____ 20 _____

Claimant: _____ Title: _____ Office: _____

Date	Location	Purpose	PRIVATE CAR MILEAGE					Fare	Parking	Tolls	MEALS			Total Cost	Lodging	Stipend	Phone	Other*	Total Daily Expense
			Starting Mileage	Ending Mileage	Total Miles	Rate/ Mi.	Total Car Expense				B	L	D						
COL.	1	2	3	4	5	6	7	8	9	10	11			12	13	14	15	16	17
						0.20	\$							\$					\$
						0.20	\$							\$					\$
						0.20	\$							\$					\$
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						0.20	\$							\$					\$
						0.20	\$							\$					\$
						0.20	\$							\$					\$
						0.20	\$							\$					\$
TOTALS					0.0		\$							\$	\$	\$	\$	\$	\$

*Explain below: _____

I hereby certify that the above is a true and accurate report of Authorized Expenses that I incurred while on WIOA business during the above mentioned period.

Approved _____
 AUTHORIZED SIGNATURE

 CLAIMANT'S SIGNATURE