



**SAN JOAQUIN COUNTY WORKNET  
 EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT  
 POLICIES AND PROCEDURES DIRECTIVE**

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
D-20 Rev. 1	January 3, 2022	Departmental	1 of 3
<b>SUBJECT: OTHER SUPPORTIVE ASSISTANCE FOR ADULTS, DISLOCATED WORKERS AND YOUTH REGISTERED IN THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)</b>			

**I. PURPOSE**

The purpose of this Directive is to establish policies and procedures for the provisions of other supportive services provided to adult, dislocated workers and youth registered in WIOA.

**II. GENERAL INFORMATION**

Section 680.900 of the WIOA regulations allow for supportive services for adults, dislocated workers and youth that are necessary to enable an individual to participate in activities authorized under Title I. Section 680.920 allows Local Boards to establish limits on the provision of funds used for supportive services. In accordance with these provisions, the San Joaquin County EEDD may provide other supportive services to those participants who have been determined eligible for Title I Adult, Dislocated Workers or Youth services. Only individuals who are registered into individual career services or registered into the youth program will receive other supportive services. The following is a list of some of the supportive services that may fall under this category:

- A. Training Supplies
- B. Textbooks
- C. Boots/Work Shoes
- D. Work Equipment, i.e. safety glasses, etc.
- E. Photo Identification
- F. Physicals required before being accepted for training or employment
- G. Driving Permits
- H. Testing Costs
- I. Uniforms
- J. Interview Clothes
- K. Driver's License Fees
- L. Certification Costs

- M. Medical Expenses, (i.e. drug test, TB test, etc.) prior to beginning training or employment
- N. Finger prints required prior to employment

The provision of accurate information about the availability of these services in the local area, as well as, referral to other partners that can provide some of these services must be available to adults, dislocated workers and youth as part of basic services through the WIOA delivery system.

Although the WIOA regulations allow for supportive services to be provided to customers participating in basic career services, this Service Delivery Area (SDA) has chosen NOT TO PROVIDE OTHER SERVICES TO INDIVIDUALS NOT REGISTERED INTO CAREER, EDUCATIONAL, OR TRAINING ACTIVITIES.

### III. POLICY

It is the administrative policies of the Employment and Economic Development Department that other supportive services are provided for adults, dislocated workers and youth in accordance with the policies and procedures set forth in this directive.

### IV. PROCEDURE

Approval of other supportive services by the Fiscal Management Division is dependent upon the Client Management Division and Youth Service Providers completing the following documents as indicated:

- A. The Financial Analysis Budget (See Attachment 1) of the Individual Employment Plan (IEP) (Attachment 2) or Individual Service Strategy (ISS) (Attachment 3) must be completed adequately. If the participant does not have an income and lives with someone who is caring for them, this must be stated. In all cases the budget must be completed and show a deficit or no more than a \$100.00 balance.
- B. The supportive needs portion of the IEP or ISS must be completed for all areas of supportive services being requested.
- C. A Request for Goods and Services (See Attachment 4) must be completed for the goods/services being requested along with the price including the tax. The name of the store and the information requested about the store must be completed along with the name of the participant the goods/services are being provided for. Most importantly, a logical reason why these items are needed in order for the participant to complete training, education or become employed must be given under justification along with the cost estimate.
- D. Small purchase quotes and documentation (See Attachment 5) must also be included, and 2 quotes must be documented from different stores, unless

only 1 source is available. The quotes must specify the store it was obtained from and how the quote was acquired.

- E. CalJOBS enrollment printout must also be included to show that participant is enrolled in the WIOA program.
- F. In all cases, WIOA funds are only to be expended if there are no other resources for the supportive services to be obtained. Once this information has been completed, the documents are given to the manager and/or his/her designee for signature approval and then forwarded to Fiscal.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



PATRICIA VIRGEN  
EXECUTIVE DIRECTOR

PV:pv

Attachment 1: Financial Analysis Budget  
Attachment 2: Individual Employment Plan (IEP)  
Attachment 3: Individual Service Strategy (ISS)  
Attachment 4: Request for Goods and Services  
Attachment 5: Small Purchase Quotes and Documentation

## FINANCIAL ANALYSIS:

CLIENT NAME \_\_\_\_\_

Number of individuals dependant upon your income

## MONTHLY RESOURCES:

- 1 Wages (Self or Spouse)
- 2 Child/Spousal Support (Circle income that applies)
- 3 Workmen's Comp./UI (Circle income that applies)
- 4 SSA, Retirement, Pension (Circle income that applies)
- 5 TANF
- 6 Food Stamps
- 7 Other

#### A. TOTAL MONTHLY RESOURCES

\$ - A

### **COST OF LIVING:**

### Actual

1	HOUSING:	Rent	
		Mortgage/Insurance/Property Tax	
		Telephone/Cellphone	
		Gas/PG&E	
		Water & Sewage	
		Cable	
		Internet	\$ - 1

3 CLOTHING: Self & Dependents \_\_\_\_\_  
Diapers \_\_\_\_\_

4 PERSONAL EXPENSES: Toiletries/Haircuts   \$ - 4

5 MEDICAL: Medi-Cal recipient? \_\_\_\_\_  
Doctor/Dentist Bills \_\_\_\_\_  
Prescription/Medicine \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ 5

6	TRANSPORTATION:	Car Payment		
		Car Insurance		
		Gas, Oil, Upkeep		
		License & Reg Fee		
			\$	-

7	EDUCATION & RECREATION:			
	Entertainment		\$	
	Tuition		\$	-
	Books or Tools		\$	
	Uniforms		\$	

Institution	Balance	Monthly Payments
		\$ -

**B TOTAL COST OF LIVING (Add items 1-9)**

田 \$

### C BALANCE (A-B)

\$

I hereby certify that the information above is true, and correct. (Signature) \_\_\_\_\_  
Live with Family and Friends, and no income  
Budget, and expenses have been revisited, and there are no changes on income as of this date \_\_\_\_\_

# INDIVIDUAL EMPLOYMENT PLAN (IEP)

NAME: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL/MESSAGE PHONE #: \_\_\_\_\_

SSN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## I. EMPLOYMENT GOALS

### A. 1<sup>st</sup> Goal

1. ONET Title: \_\_\_\_\_

2. ONET Code: \_\_\_\_\_

3. WorkKeys Skill Level Requirement for 1<sup>st</sup> Goal (From WorkKeys Occupational Profiles Database)

Applied Mathematics: \_\_\_\_\_

Client Scores

Graphic Literacy: \_\_\_\_\_

Applied Mathematics: \_\_\_\_\_

Workplace Documents: \_\_\_\_\_

Graphic Literacy: \_\_\_\_\_

Workplace Documents: \_\_\_\_\_

WorkKeys waived – Provide justification:

\_\_\_\_\_

\_\_\_\_\_

4. Other Requirements (*examples: high school diploma, Class A license, Lift 50 lbs., type 45 wpm*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### B. 2<sup>nd</sup> Goal

1. ONET Title: \_\_\_\_\_

2. ONET Code: \_\_\_\_\_

3. WorkKeys Skill Level Requirement for 2<sup>nd</sup> Goal (From WorkKeys Occupational Profiles Database)

Applied Mathematics: \_\_\_\_\_

Client Scores

Graphic Literacy: \_\_\_\_\_

Applied Mathematics: \_\_\_\_\_

Workplace Documents: \_\_\_\_\_

Graphic Literacy: \_\_\_\_\_

Workplace Documents: \_\_\_\_\_

4. Other Requirements (*examples: high school diploma, Class A license, Lift 50 lbs., type 45 wpm*)

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II. ACHIEVEMENT OBJECTIVES (Check all that apply)

- Increase educational level necessary to meet employment goal and attain economic self-sufficiency through referral to partner agency basic skills training, GED program, or other appropriate program.
- Increase WorkKeys skill level necessary to meet employment goal and attain economic self-sufficiency through enrollment into WIN Solutions basic workplace skills training.
- Meet employment goal and attain economic self sufficiency through direct referral and placement with employer.
- Enhance work readiness skills necessary to meet employment goal and attain economic selfsufficiency through enrollment into a work experience activity in the private and/or public/nonprofit sector.
- Enhance occupational skills necessary to meet employment goal and attain economic selfsufficiency through enrollment into classroom training at a training provider listed on the Eligible Training Provider List (ETPL). Eligible training provider will be reimbursed for training through an Individual Training Account (ITA).
- Enhance occupational skills necessary to meet employment goal and attain economic selfsufficiency through referral to partner agency classroom training program.
- Enhance occupational skills necessary to meet employment goal and attain economic selfsufficiency through enrollment into On-the-Job Training (OJT) program. Employer will be reimbursed for extraordinary costs associated with training through an OJT agreement.

Other achievement objective:

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Other achievement objective:

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Participant Signature

Date

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EEDD Staff Signature

Date

### III. SERVICES TO ACHIEVE EMPLOYMENT GOALS

#### A. Basic Career Services

Participant received the following Basic Career Services (Check all that apply):

- Eligibility determination
- Outreach, intake, and orientation
- Initial assessment (Attach copy of CASAS self assessment)
- Labor market information
- Performance and cost information on training providers
- Local workforce investment area performance information
- Supportive services availability
- Unemployment insurance claim information

**The following activities require Certification and Enrollment:**

#### B. Justification for receiving Individualized Career Services:

- Participant is unemployed and has been determined by WorkNet staff to be in need of Individualized Career Services to obtain employment.
- Participant is employed, but has been determined by WorkNet staff to be in need of Individualized Career Services to obtain or retain employment leading to self-sufficiency.

#### C. Individualized Career Services

Participant received the following Individualized Career Services  
(A minimum of one must be checked. Check all that apply):

- (102) Initial Assessment
- (203) Comprehensive Assessment (Attach copy of CareerScope/Workkeys Assessment and/or other assessment(s))
- (205) Development of Individual Employment Plan (IEP)
- (121) Job Referral: Job Outside Caljobs
- (125) Job Search Placement Assistance (Internal Referral)
- (215) Short Term Pre-Vocational Training
- (200) Individual Counseling
- (201) Group Counseling
- (320) Private Sector Work Experience (Attach copy of W.E. Agreement)
- (219) Public/Non-Profit Sector Work Experience (Attach copy of W.E Agreement)
- (218) Internships
- Other WIOA Intensive Services Specify: \_\_\_\_\_
- Non-WIOA Funded Intensive Service Specify: \_\_\_\_\_
- Co-enrolled Intensive Service Specify: \_\_\_\_\_

Justification for Training Services:

- Participant has met the eligibility requirements for individualized career services.
- After an interview, evaluation, or assessment, and case management, the participant has been determined in need of training services and to have the skills and qualifications to successfully complete the training program, and

- Participant has selected a program of training services directly linked to employment opportunities in the local area or another area where the participant is willing to relocate, and
- Participant is unable to obtain grant assistance from other sources to pay for the cost of training services.

D. Training Services

Participant received the following training services (Check all that apply):

- (214) Adult Literacy; Basic Skills or GED Preparation
- (304) Customized Training
- (302) Entrepreneurial Training
- (322) Job Readiness Training
- (300) Occupational Skills Training (Attach copy of ITA)
- (301) On-The-Job Training (Attach copy of OJT Agreement)
- (320) Private Sector Training
- (305) Skill Upgrading and Retraining
- (323) Workplace Training and Coop Ed
- Other Training Services Specify: \_\_\_\_\_
- Non-WIOA Funded Training Services Specify: \_\_\_\_\_
- Co-enrolled Training Services Specify: \_\_\_\_\_

E. Supportive Services

Participant received the following supportive services (Circle all that apply and attach participant budget to support cost)

<input type="checkbox"/> Bus passes	<input type="checkbox"/> Mileage reimbursement (attach proof of insurance)
<input type="checkbox"/> Tools	<input type="checkbox"/> Child care (attach referral to FRRC)
<input type="checkbox"/> Testing Fees	<input type="checkbox"/> Books
<input type="checkbox"/> Clothing/Uniforms	<input type="checkbox"/> Work Shoes/Boots
<input type="checkbox"/> Other: _____	Other: _____

<b>General Expectations</b>		
Name:	User ID	State ID:
Address:	Phone:	Alt. Phone:
Email:		
LWDB: San Joaquin County Employment and Economic Develop	Office Location:	
Program:	Application ID:	
Assessment Create Date:	Age At Assessment:	
Attach Active Plan:	Plan ID:	
Staff Completed:	Date Completed:	
Overall Note:		
<b>Program Expectations</b>		
Immediate Employment:	Services Sought:	
<b>Employment Expectations</b>		
Occupation 1:		
Occupation 2:		
Occupation 3::		
Employment Type:	Full or Part Time:	
Desired Salary:	Maximum Commute (In Miles):	
Shift Preferences:	Benefits Needed:	
Desired Help in Career Planning:	Job Search Assistance Requested:	
Seeking Training Services:	Training Preferences:	
Seeking Post-Secondary Education:	Post-Secondary Preferences:	
Other Assistance Expected:		
<b>Education History</b>		
Highest Grade Completed:	Currently Enrolled in School:	
Education History Assessment Summary:		
<b>Basic Skills / Education Factors</b>		
High School Dropout:	Basic Skills Deficient:	
Limited English Proficiency:	Enrolled in ABE/Literacy or ESOL:	
Lacks Computer Skills:	Behind Grade Level for Age (Youth Only):	
Primary Language Spoken at Home:	Needs Interpretation Services:	
Financial Aid:		
Basic Skills / Education Factors Summary:		
<b>Education</b>		

**Objective Assessment Summary  
Title I - Workforce Development (WIOA)**

Degree	Issuing Institution	Location	Completion Date	
Certificate / License	Organization	Location	Issue Date	Expire Date
<b>Occupational Transferable Skills</b>				
<b>Summary of Skill Assessment:</b>				
<b>Employment History</b>				
Employer	Job Title	Salary	Dates	Duration
<b>Work Readiness</b>				
Number of Children under 18:	Dependent Care:			
<b>Dependent Care Comments:</b>				
Transportation:	Drivers License:			
<b>Drivers License Endorsements:</b>				
Automobile:				
Contacts:	Work Attire:			
<b>Emergency Nutritional Needs:</b>				
<b>Work Readiness Summary:</b>				
<b>Workplace Behavior</b>				
Motivational Factors Affecting Employment:	Career Decision Making:			
Resume:	Application Completion:			
Appearance and Hygiene Issues:	Need to Learn To Use Labor Market Information:			
<b>Interviewing Skills:</b>				
<b>Work Behavior Assessment Summary:</b>				
<b>Health &amp; Behavioral Observations</b>				
Health:	Behavior:	Substance Abuse:		
<b>Health &amp; Behavior Observations:</b>				
<b>Living Environment</b>				
Housing:	Home Life:			
<b>Living Environment Assessment:</b>				
<b>Economic Factors / Financial Situation</b>				
Credit / Financial:				
<b>Economic Factors Situation Assessment:</b>				
<b>Vocational / Occupational Factors</b>				
Obsolete Work Skills:	License Expired / Revoked:			

**Objective Assessment Summary  
Title I - Workforce Development (WIOA)**

**Vocational / Occupational Factor Assessment:**

**Other Assistance Received**

Public Assistance:	Partner Services:
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**Other Assistance Assessment:**

**Barriers To Employment**

Lacks Significant Work History:	Sporadic or Limited Work History:
Restricted Commuting Distance:	Restricted Work Schedule:
Unrealistic Wage Expectations:	Legal Issues:
Single Parent:	Displaced Homemaker:
Pregnant or Parenting Youth:	Runaway Youth:
LWIA Designated Barrier:	Other:

No Barriers to Employment/Work Readiness Issues:

Employment Barriers Summary:

**Testing Results**

**Basic Skills Assessment:**

Test Date	Test Name	Results

**Other Testing:**

Test Date	Test Name	Results

**Agency Referrals**

Reviewed With Customer       Agree       Disagree

**Comments:**


Customer Signature

Date

Staff Signature

Date

# Individual Employment Plan

## General Information

Plan ID:

State ID:

User Name:

User ID:

Name:

Preferred Name:

Created By:

Created On:

Last Edited By:

Edited On:

## Plan Information

Plan Start Date:

LWDB/Region:

Plan started in office location:

Plan closed on:

## Goals and Objectives Established:

### Goal 1/3

Goal #	Goal	Date Established	Estimated date for Completion	Actual Completion Date	Last Edit Date	Program	Staff	Status

Comments:

### Goal 2/3

Goal #	Goal	Date Established	Estimated date for Completion	Actual Completion Date	Last Edit Date	Program	Staff	Status

Comments:

### Goal 3/3

Goal #	Goal	Date Established	Estimated date for Completion	Actual Completion Date	Last Edit Date	Program	Staff	Status

Comments:

## Signatures

Applicant Signature

Date

Staff Signature

Date

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## REQUEST FOR GOODS AND SERVICES - SUPPORTIVE SERVICES

Request Date: \_\_\_\_\_

WIOA

WIOA

OTHER

Need By Date: \_\_\_\_\_

Adult

D/W

Requested By: \_\_\_\_\_

WIOA Youth

Out - School

In - School

Approved By: \_\_\_\_\_

CalCard

Voucher

Petty Cash

QTY	UNIT	DESCRIPTION (Give Size, Color, Name, Stock No., Sample)	ITEM COST	TOTAL COST	FMD USE ONLY RGS NO.
			\$ 0.00		
			\$ 0.00		
			\$ 0.00		
			\$ 0.00		
			\$ 0.00		
			\$ 0.00		
			\$ 0.00		
			\$ 0.00		
			\$ 0.00		
			\$ 0.00		
			<b>Total</b>	\$ 0.00	
			<b>Tax &amp; fees</b>		
			<b>Total</b>		

Is participant enrolled in training?  Yes  No\*

CalJOBS Activity \_\_\_\_\_ Start Date \_\_\_\_\_ Projected/Actual End Date \_\_\_\_\_

Vendor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Case No: \_\_\_\_\_ Grant: \_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_

Cost Estimate: **\$ 0**

PLEASE ATTACH THE FOLLOWING:  Quote(s)  Budget  CalJOBS Printout **(Round To The Dollar)**

### FMD USE ONLY

County Account No.: 6221024800

Method: 3

Pool: 999

4820 - 46 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4851 - 46 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4840 - 46 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - 46 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Available: \_\_\_\_\_ Allowable/Proper Justification: \_\_\_\_\_ Date: \_\_\_\_\_

\*Approval of supportive services outside of CalJOBS activity training dates will not be included as a part of the WIOA 30% training requirement.

## SMALL PURCHASE QUOTES & DOCUMENTATION

Procedural Requirements: Price quotations shall be secured for each small purchase transaction and the identification of sources and solicitation of quotes must be supported by documentation based on the following requirements:

DOLLAR RANGE OF PURCHASE	CONTACTS AND METHOD
<b>\$0 through \$9,999.99</b>	<p><b>One or more documented quotes</b></p> <p>Source of quote (check one or more)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prior receipts (within one year)</li> <li><input type="checkbox"/> Written quote from vendor</li> <li><input type="checkbox"/> Product or Service Catalog</li> <li><input type="checkbox"/> Current Price List</li> <li><input type="checkbox"/> Telephone contact with vendor to obtain quote:</li> </ul> <p>Vendor Name: _____</p> <p>Contact Person: _____ \$ Quote: _____</p> <p>Staff Signature: _____ Date: _____</p> <p>Vendor Name: _____</p> <p>Contact Person: _____ \$ Quote: _____</p> <p>Staff Signature: _____ Date: _____</p>
<b>\$10,000 through \$49,999.99</b>	<p><b>Two (2) or more written quotes**</b></p> <p>Request for Quote (RFQ) is required for small purchases in this dollar range</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> RFQ was provided in writing</li> <li><input type="checkbox"/> RFQ specifies the quantity, timeframes and all the requirements of the product being sought</li> <li><input type="checkbox"/> Sole Source (attach sole source justification)</li> </ul> <p><b>REQUEST FOR QUOTE (RFQ) MUST BE COMPLETED AND ATTACHED</b></p>
<b>\$50,000 or more</b>	<p>For transactions of \$50,000 or more, the sealed bid or competitive proposal must be used.</p> <p>If only one proposal is obtained and that proposal is deemed to be responsible, then the noncompetitive or sole source process may be used.</p>

\*\* Unless sole source justification.