

September 9, 2009
ST. LAWRENCE COUNTY WORKFORCE INVESTMENT BOARD
RESOLUTION NO. 09-07-15
Executive Committee: 07-28-2009

AMENDING SUPPORTIVE SERVICES GUIDELINES

WHEREAS, Workforce Investment Act (WIA) Rules and Regulations (§ 663.800 through § 663.840) require Local Boards to develop a policy on supportive services that ensures resource and service coordination in the local area, and

WHEREAS, in June 2008 the St. Lawrence County Workforce Investment Board approved Supportive Services Guidelines through Resolution 08-06-14, and

WHEREAS, since that time enactment of the American Recovery and Reinvestment Act (the “Recovery Act”) emphasizes the identification and removal of those barriers that may prevent customers from participating in contract training and from allowing customers to pursue career goals, and

WHEREAS, the provision of Needs-Related Payments to eligible customers will help support the employment and training needs of our customers, and

WHEREAS, accordingly, the Local One-Stop Delivery System has prepared the revised attached Supportive Service guidelines to reflect these changes,

NOW, THEREFORE, BE IT RESOLVED, that the St. Lawrence County Workforce Investment Board does hereby approve the Supportive and Training-Related Services Guidelines attached hereto and made part hereof.

Pursuant to WIB Bylaws, Article IX, Section 2:

[WIB Executive Committee Approval: 07-28-2009:Kennedy/Backus; 5/0/0]

ST. LAWRENCE COUNTY
WORKFORCE INVESTMENT BOARD

WORKFORCE INVESTMENT ACT
(And TRADE ACT)

SUPPORTIVE & TRAINING-RELATED
SERVICES

GUIDELINES

Revised by the St. Lawrence County Workforce Investment Board July 28, 2009

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INTRODUCTION

The St. Lawrence County Workforce Investment Board has determined that the best means of providing financial assistance to customers enrolled in Workforce Investment Act (WIA) training or service(s) activity(ies) is through a Supportive Services Payment System. The purpose of this Supportive Services System is to enable customers to participate in those activities authorized under WIA Title I. Each customer's needs will be determined on an individual basis and justified in the Individual Employment Plan (IEP). WIA counselors, per WIB policy, will insure that customers are referred to resources in the local area to include, but not be limited to, those Supportive Services available to customers of VESID, DOSS, SED, TAA, NAFTA/TAA, and CAP services. When a determination has been made by the WIA Counselor that other local sources of Supportive Services have been exhausted or are not available to the participant and WIA funding is available then the WIB Supportive Services Policies will be followed. Supportive Services may only be provided to individuals who are eligible for intensive and/or training service.

TRADE ACT AFFECTED WORKERS

Those dislocated workers eligible for Trade Act benefits will be co-enrolled into WIA Title I. As such, these individuals will be eligible for all WIA-funded services, to include supportive services, job search allowances, job relocation allowance and subsistence (temporary shelter) when those services or funds are not available through the Trade Act. These aforementioned services will be funded to Trade Act-affected workers consistent with the following WIB-approved policies and procedures when funded through WIA Title I. Trade Act-specific policies and procedures are noted below (in Bold Italics) and will be followed when those funds are approved and available.

PROCEDURE

Any Supportive Service payments provided to customers will be justified by using the Local Workforce Investment Area's (LWIA) approval process, documented in the IEP or (***Trade Act Approved Employment Plan***) revisited periodically. All necessary documentation such as invoices, time sheets, mileage sheets, child care forms, and vouchers are in place and are presently being used by the LWIA as documentation for the reimbursement of Supportive Service payments. (***The Trade Act specifies what must be documented, but does not specify how in what format.***)

Supportive Service total payments will be based on funding availability. Where limits or rates are specifically stated to be a maximum amount of payment or reimbursement, these may be changed by WIB resolution when economic conditions change such that the cost of WIA participation is prohibitive at the current "limits" or rate of reimbursement. (***Trade Act benefits have limits that are set by the Federal Trade Act and may not be changed locally.***) There is no maximum amount on total Supportive Services nor is there a maximum length of time for Supportive Services to be available to a customer in WIA Title I. However, the Board may, at a later date, impose such a limit, if necessary. (***See Trade Act amounts and time limits as specified for the following.***)

Supportive Service payments may include, but are not limited to:

1. **Transportation Payments**

In all cases where competitive bids are required customers shall follow those guidelines set forth in WIA Financial Procedures Manual, and shall use the forms provided in Exhibit A.

- a. **In-County** mileage allowance will be reimbursed for customers who are in training or who are in need of such service to participate in WIA Intensive or Training activities at a rate equal to one-half of the standard mileage reimbursement rate for a privately-owned automobile established by the Internal Revenue Service (IRS). Other in-county forms of public or private transportation services could be paid for at a cost which is reasonable based on local market-price conditions, such as taxi or bus fare, or as provided for by another private individual. In order to receive this allowance, customers must submit a “Customer Expense Form” (Exhibit B) and (if enrolled in training) a completed “Customer Bi-Weekly Attendance Form” (Exhibit C). *(A reimbursable transportation allowance to and from training will be afforded to the individual only when the commute to training exceeds one hour of driving time by private vehicle or 1.5 hours by public transportation. The rate of reimbursement will be determined by the Federal Rate as established at the time of commute. Note: If the cost of transportation reimbursement added to the cost of subsistence and training exceed the total cost of what is elsewhere available, the training may be denied in favor of the least expensive training option.)*

(All transportation costs are included in the TAA Training caps.)

- b. **Out-of-County** mileage will be reimbursed for customers who are in training at a rate equal to one-half of the standard mileage reimbursement rate for a privately-owned automobile established by the Internal Revenue Service (IRS). (Refer to separate policy for out-of-area job search and relocation). In order to receive this allowance, customers must submit a “Customer Expense Form (Exhibit B) and a completed “Customer Bi-Weekly Attendance Form” (Exhibit C). *(Trade Act policy remains as above.)*
- c. **Automobile Repair(s)**: Automobile repairs will only be considered if the customer can justify that this is the least costly method to provide transportation. Customers must possess a valid driver’s license, provide proof of ownership of the vehicle, and present three (3) repair estimates from New York State Certified Auto Service Garages. Repairs up to the retail value of car or a maximum of \$500, whichever is the lesser, may be approved. Approval for car repairs must be granted before repair work can begin. Estimates for automobile repairs must also include the estimated retail value of the car. In all cases where competitive bids are required customers shall follow those guidelines set forth in WIA Financial Procedures Manual, and shall use the forms provided in Exhibit A. *(There are no provisions under the Trade Act for Automobile Repair(s).)*

- d. **Automobile Insurance:** Automobile insurance will only be considered if the customer can justify that this is the least costly method to provide transportation. Customers must possess a valid driver's license, provide proof of ownership of the vehicle, and present three (3) insurance estimates in their name for liability coverage only, at the minimum required by law. Insurance payments made on behalf of the customer may not exceed a lifetime maximum of \$1,000. Customers shall follow those guidelines set forth in WIA Financial Procedures Manual, and shall use the forms provided in Exhibit A. *(There are no provisions under the Trade Act for Automobile Insurance.)*
- e. **Automobile registration, permit, and license** costs as determined by New York State Department of Motor Vehicles are payable up to a maximum of \$300 per individual need. *(There are no provisions under the Trade Act for these additional transportation-related costs.)*

2. Health Associated Payments

Health associated payments include medical, dental, eye, drug and alcohol abuse counseling, referral services, individual and family counseling services, special services, and materials for individuals with disabilities may be provided on an individual basis. Payments associated with these services shall be reasonable, based on local market price conditions. These payments must be related directly to the customer's employment goal, and justified in the IEP. *(There are no Trade Act provisions for these health-associated payments.)*

Any registered activities requiring a St. Lawrence County physical examination will be reimbursed up to \$45.00. It is understood that other physicals (e.g. DOT physical) may be required for participation. These physicals may exceed the \$45.00 payment limit, but only upon approval by the One-Stop Manager. Physician instructions and St. Lawrence County physical are provided in Exhibit D. Customers will also be provided with a St. Lawrence County voucher to present to the examining physician.

3. Child Care Policy

Customers will be referred to outside sources of childcare funding and be expected to complete the application process prior to commitment of WIA Program funds. WIA Title I funding may supplement the difference of partial assistance received from outside agencies up to \$2.00 per hour per child when such need is documented in the IEP. If outside funding sources are exhausted or if a customer is denied assistance due to excess income or length of training program, WIA Title I funding may reimburse customers up to the aforementioned limits.

Request for childcare reimbursement must be reasonable and customary as compared with the needs of other customers in similar training. If the length of training, in either calendar days or hours per week, is not reasonable or customary, the case manager-counselor may deny some or all-future reimbursements. Customers must complete a "Child Care Reimbursement Request" (Exhibit E). In no case shall child care reimbursement be granted

without a completed “Customer Bi-Weekly Attendance Form” (Exhibit C) to document attendance at training.

(There are no provisions under the Trade Act for child care allowances.)

4. **Meals and Temporary Shelter**

Meals and temporary shelter can be provided for out-of-county training for customers determined in need of such payments as documented in the IEP. Meals for out-of-county training will be reimbursed at \$15 per day for each day of attendance. Out-of-county temporary shelter payments will be based on local market price conditions and may include a weekend stay when deemed necessary. Customers must complete a “Customer Expense Reimbursement” form (Exhibit F). In no case shall this reimbursement be granted without a completed “Customer Bi-Weekly Attendance Form” (Exhibit C) to document attendance at training.

(Under the Trade Act subsistence payments (temporary shelter) are provided for individuals in approved training, and shall not exceed the lesser amount of the individual’s actual per diem or 50% of the prevailing per diem rate authorized under the federal travel regulations in the area that the training takes place.)

(All subsistence payments are included in the TAA Training caps.)

5. **Books, Fees, and Non-Consumable School Supplies**

Books, fees, and non-consumable school supplies required for WIA Title I education/training may be paid when necessary for participation and documented in the IEP. *(All books, fees and non-consumable school supplies are included in the TAA Training caps.)*

6. **Payments for Other Reasonable Expenses**

Payments for other reasonable expenses required for participation in intensive or training services (e.g. clothing) must be verified in the IEP and procured through competitive bid. Clothing costs cannot exceed \$250. Tools and equipment required to participate in program activities cannot exceed \$500. Customers shall follow those guidelines set forth in St. Lawrence County’s Procurement/Purchasing Policy, and shall use the forms provided in Exhibit A. *(The Trade Act has no caps on tools, clothing or equipment required for participation in training; however, all costs are part of the TAA Training caps.)*

7. **Needs-Related Payments**

(The Trade Act has provisions for a Trade Readjustment Allowance (TRA), which is a form of income support/weekly cash payments available for up to 78 weeks after a worker’s unemployment insurance compensation benefit is exhausted. Basic TRA of 26 weeks may be paid if the individual is in approved training or on waiver from training and meets the 8/16-week deadline. That is, training or waiver has been requested by the last

day of the 8th week after the week of the issuance of the certification of eligibility (refers to the petition) or the last day of the 16th week after the worker's total separation from the employer (whichever is later.)

(Additional TRA of 52 weeks may be paid only for additional number of weeks in training and must meet an additional 210-day deadline. That is, the worker must have filed a bona fide application for training within 210 days of either the issuance of the certification (petition) or within the worker's most recent qualifying separation, whichever is later.)

Needs-Related Payments are cash payments, which may be made available to Adults and Dislocated Workers who are enrolled in WIA Title I and into full-time, long-term training of a minimum duration of 12 weeks up to a maximum of 32 weeks. For this policy, full-time training is defined as training in which a participant is registered for a minimum of 15 credit hours or 15 hours of actual participation in training each week. Eligible individuals, as described below, may receive a flat weekly payment of \$50 (paid bi-weekly) upon submission of a complete Customer Bi-Weekly Attendance Form for Needs Related Payments (Exhibit C). Eligible participants will begin qualification for payments on the first day of class. Payments will not be available during any period of five (5) or more consecutive holidays, vacations, or days absent during the school year. Payments are subject to funding availability and participant continued self attestation of eligibility based on the Financial Needs Assessment (Exhibit H).

Customers must complete a "Reimbursement Agreement" (Exhibit G) before any and all Needs-Related Payments are made to the customer.

a. Adult Eligibility

All Adults must:

- 1) Be unemployed,
- 2) Not qualified for, or have ceased qualifying for, unemployment compensation.
- 3) Not in receipt of Temporary Assistance to Needy Families or Safety Net benefits.
- 4) Be determined, through the completion of a Financial Needs Assessment (Exhibit H), as unable to attend training due to an inability to provide for their basic living expenses.
- 5) Be enrolled into a full-time (as described above) approved training or educational program that is part of a comprehensive plan approved by and developed with the WIA counselor.
- 6) Attendance in training/school must be documented on the attached bi-weekly attendance sheet (Exhibit C). School vacation, holiday periods or absences from school/training of 5 or more days will cease to qualify the participant for NRP for that period.
- 7) Bi-weekly attendance sheets will document continued eligibility for NRP. Employment and or receipt of Unemployment Insurance Benefits or Trade Readjustment Act benefits for any week will disqualify the participant for receipt of NRPs for that week. Any changes in the participants "Financial Needs Assessment"

(Exhibit H) will prompt a review by the WIA counselor of the participants' continued eligibility for NRP.

- 8) Participants' school reports must indicate that they are "academically in good standing" for the continued receipt of NRPs.

b. Dislocated Worker Eligibility

All of the above eligibility requirements must be met **and**:

- 1) Dislocated Workers must, and **in absence of a New York State Waiver to the following requirement:** be enrolled into a program of training begun by the 13th week after a determination of the worker's eligibility (date of actual qualifying dislocation) or, if later, by the end of the 8th week after the workers is informed that a short-term layoff will exceed six months; and
- 2) Be unemployed and did not qualify for unemployment compensation or trade readjustment assistance.
- 3) NRP levels will be a flat rate of \$50 weekly (as for Adults); and will not exceed the weekly level of unemployment compensation benefits; or for participants who did not qualify for UIB, the weekly payment does not exceed the poverty level.

c. Administration of Needs Related Payments:

The One-Stop Manager and/or Sr. Employment Coordinator will have the authority to approve participant requests for Needs Related Payments. The Sr. Employment Coordinator and Counseling staff will oversee form distribution. The Program will be jointly managed by the Fiscal Manager of the LWIB and the One Stop Manager. Both of these individuals will be responsible for responding to questions and complaints. The Fiscal Staff under the direction of the Fiscal Manager will handle payment accounting and payment processing.

Needs Related Payments cannot be provided to customers for the time they are employed or enrolled in OJT, out-of-the area job search, or basic readjustment services.

Needs Related payments are provided only in order to enable an adult or dislocated worker to participate in a full-time, approved training or education program that is part of a comprehensive retraining plan approved by and developed with the WIA Employment & Training Counselor.

Payments will cease upon completion, withdrawal or termination from approved training or education program.

SUPPORTIVE SERVICES FOR YOUTH

(The Trade Act does not have separate services for youth.)

The standard to authorize Supportive Services for Youth shall not vary from those for Adults and Dislocated Workers, with the exception that Needs-Related Payment funds are not authorize for Youth. These Supportive Services include, but are not limited to, the following:

Supportive Services for youth, as defined in WIA section 101(46), may include the following:

1. Linkages to community services;
2. Assistance with transportation;
3. Assistance with child care and dependent care;
4. Assistance with housing;
5. Referrals to medical services; and
6. Assistance with uniforms or other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye gear.
(WIA sec. 129(c)(2)(G).)

JOB INTERVIEW AND RELOCATION ASSISTANCE

Eligibility

Applicants must be currently registered for WIA Intensive or Training Services. *(Trade Act individuals must meet the following criteria in order to be considered or approved for this benefit: (i) the applicant must be totally separated from the adversely affected employment at the time of the job search; (ii) the applicant must be registered with and seeking employment through the One-Stop System; (iii) the applicant has no reasonable expectation of securing suitable employment within the normal commuting distance (i.e. one hour by private vehicle or 1.5 hours by public transportation); (iv) it must be verified that the applicant is traveling for an available job for which an interview is scheduled; (v) an application for this allowance must be made before the 365th day of the petition certification or their last total separation (use the latter) or the 182nd day after the date on which the worker successfully concluded training or the date of a training waiver.)*

A “Request for Job Interview or Relocation Assistance: Memorandum to Supervisor” (Exhibit I) must be completed and approved by the requesting counselor’s immediate supervisor. *(Requests for Trade Act Job Interview or Relocation Allowance must be approved by the WIA Counselor, requested using the Shared database. This request must also be submitted to NYSDOL for approval.)*

1. Job Interview Assistance

Requirements

- a. A bona-fide job interview must be confirmed by submitting a completed employer letter confirming the interview arrangements; *(Trade Act does not say how this is to be documented, just verified.)*
- b. No job interview assistance will be considered for interviews that are less than 50 miles or less from the customer’s residence; *(Trade Act specifies 1-hour commute by private vehicle; 1.5 hour by public transportation.)*
- c. A maximum of three (3) days is allowed for an interview unless prior written approval is given to exceed this limit. *(Job Search for Trade Act individuals must be completed within a reasonable period of time and minimally no later than 30 days after the job search began.)*

Payment

(Job interview allowance shall not exceed a total of \$1,250.00 per customer) (*The Trade Act allowance reimburses 90% of the cost of necessary job search expenses as prescribed (subsistence and transportation reimbursement levels may not exceed those previously stated) but not to exceed \$1,250.*)

- a. Reimbursement for food, lodging and related expenses to a maximum of three (3) days shall not exceed \$125 per day. (*See Trade Act limitations stated above.*)
- b. The actual cost of transportation (if provided by commercial transportation) shall not be reimbursed without appropriate receipts. Automobile travel will be reimbursed at the rate equal to one-half of the standard mileage reimbursement rate for a privately-owned automobile established by the Internal Revenue Service (IRS). (*Transportation reimbursement limitations for Trade Act are as previously stated.*)

Procedures

- a. Customers requesting reimbursement must submit a completed “Customer Expense Sheet” (Exhibit F) and corresponding receipts.
- b. Job Interview Assistance is a multiple occurrence policy and shall not exceed a maximum total of \$1,250. (*All Trade Act Job Search must be approved and completed within 30 days of approval.*)

2. Relocation Assistance

(The Trade Act requires that an application for this allowance must be made before the 425th day after the date of certification or the 425th day after the last total separation or the date that is the 182nd day after the date on which the worker successfully concluded training or the date a training waiver terminates.)

Requirements

- a. Customers must complete in its entirety an “Agreement of Understanding for Relocation Assistance” (Exhibit J) to confirm acceptance of a job offering. (*The WIA Counselor must approve a relocation benefit request and submit the request using the shared database; however the State may deny requests for a relocation allowance.*)
- b. The job must be located a minimum of fifty (50) miles from the customer’s residence; (*For Trade Act individuals a job must be more than 1 hour commuting distance by private vehicle, or 1.5 hours by public transportation from their residence.*)

Payment

Upon prior written verification for all requirements, a maximum of \$3,000 per participant will be reimbursed with receipts. (*The Trade Act relocation allowance reimburses up to*

90% of reasonable and necessary expenses for the worker, the worker's family and household effects and a lump sum equivalent to 3 times the worker's average weekly wage up to a maximum of \$1,250.)

Procedures

(The Trade Act does not specify what documentation is necessary for reimbursement.)

- a. A relocation allowance not to exceed \$3,000 may be reimbursed only after completion of the Agreement of Understanding for Relocation Assistance, a completed "Request for Relocation Allowance" (Exhibit K) and verification of job offer and acceptance. ***(Limits for Trade Act previously stated.)***
- b. Requests for reimbursement for transportation and toll receipts for actual cost of commercial carrier such as (air, train, bus, or rental) or for automobile travel must be submitted in person or by mail to the customer's counselor. Customers must complete a "Customer Expense Reimbursement" form (Exhibit F). In no case shall this reimbursement be granted without appropriate documentation/verification (e.g. toll receipts, invoices). ***(Trade Act reimburses 90% of all reasonable and necessary expenses.)***
- c. For each travel day of relocation a maximum fee of \$15/day will be allowed for meals (with receipts) and up to \$125/day for lodging reimbursement (with receipts). Customers must complete a "Customer Expense Reimbursement" form (Exhibit F). In no case shall this reimbursement be granted without appropriate documentation/verification (i.e. receipts). ***(Again, expenses under Trade Act should be reasonable and necessary.)***
- d. Relocation Assistance is a single occurrence policy.

3. Rent Subsidy

(Rent Subsidy is not a Trade Act benefit.)

Requirements

- a. A bona-fide job offer and acceptance of the job must be confirmed;
- b. The job must be a minimum fifty (50) miles from the residence;
- c. In writing, actual cost of rental.

Payment: Rental subsidies limited to the first month's rent only (no deposit or security deposit will be paid). This is included in the total cost allowed for relocation.

Procedures: The first month's rent will be paid upon presentation of a lease agreement or bill.



Exhibit A
St. Lawrence County One-Stop Career Center

Human Services Center
80 State Highway 310 Suite 8, Canton, New York 13617-1498
Phone: (315) 386-3276 Fax: (315) 386-3414
www.slconestop.com

Equal Opportunity Program

INSTRUCTIONS FOR BID PROPOSALS

1. Customers must obtain three (3) verbal quotes (using the form provided) when the cost of goods or services is between \$100.01 and \$249.00. Verbal quotes may be obtained using the following methods: (i) telephone call; (ii) face-to-face visit to the vendor; (iii) photostat copy of the goods as listed in a catalog or sales flyer; (iv) internet printout stating description and cost of goods.
2. Customers must obtain three (3) written quotes (using the form provided) when the cost of goods or services exceeds \$249.01.
3. The cost of goods or services below \$100.00 does not need to be quoted.
4. Vendor information must be provided in its entirety for the all quotes, to include:
 - Vendor name, address, telephone number and Federal Tax Identification Number (FEIN).
 - Date of the services to be provided.
 - A brief description of the services to be provided.
 - The cost of the services to be provided.
 - **If the customer is obtaining written quotes, the vendor MUST sign the bid proposal form in the space indicated.**
4. Customers must then submit the three (3) completed bid proposals to his/her counselor.
5. The customer's counselor and a supervisor must review and sign the bid proposal form.



Exhibit A
St. Lawrence County One-Stop Career Center

Human Services Center
80 State Highway 310 Suite 8, Canton, New York 13617-1498
Phone: (315) 386-3276 Fax: (315) 386-3414
www.slconestop.com
Equal Opportunity Program

BID PROPOSAL FORM

Written Quotation

Verbal Quotation

CUSTOMER INFORMATION

CUSTOMER NAME: _____

ADDRESS: _____

VENDOR INFORMATION

VENDOR NAME: _____

DATE: _____

ADDRESS: _____

PHONE NUMBER: _____

FEDERAL TAX ID: _____

DATE	DESCRIPTION OF SERVICES	AMOUNT
	TOTAL	

(Required for written quotes only:)

VENDOR SIGNATURE: _____

DATE: _____

(Required for all quotes)

COUNSELOR SIGNATURE _____

DATE: _____

(Required for all quotes)

SUPERVISOR SIGNATURE _____

DATE: _____



CUSTOMER BI-WEEKLY ATTENDANCE FORM FOR SUPPORTIVE SERVICES

CUSTOMER'S NAME: _____ COURSE TITLE: _____
 TRAINING AGENCY: _____ LOCATION: _____ AGENCY PHONE: _____

MONTH & DATE	DAY	CLASS HOURS
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
WEEK 1 TOTAL		
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
WEEK 2 TOTAL		
GRAND TOTAL		
WEEKS 1 & 2		

1. All information must be completed in **BLACK** or **BLUE INK** before payment will be made.
2. Both **Supervisor's** and **Customer's** signature must be completed before payment will be made.
3. When filling in the hours put only the actual hours class is attended.
4. It may also be used as an attendance sheet to reimburse for transportation and child care, if applicable.

For purpose of Needs Related Payments:

For Week #1: (check all that apply)

- _____ I have not been employed
 _____ I have not received UIB, Extended UIB, 599 payments, or TRA payments
 _____ I have not had any changes since my last Financial Needs Assessment. I continue to be in need of NRP's in order to provide for my basic living expenses while in full-time training.

For Week #2: (check all that apply)

- _____ I have not been employed
 _____ I have not received UIB, Extended UIB, 599 payments, or TRA payments
 _____ I have not had any changes since my last Financial Needs Assessment. I continue to be in need of NRP's in order to provide for my basic living expenses while in full-time training.

For the purpose of receipt of other supportive services I state that this is a record of my true attendance.

TO BE COMPLETED BY INSTRUCTOR

 Signature of Customer

 Date

Student's participation for this two-week marking period is: (Please check one) Satisfactory Unsatisfactory

I hereby certify that the aforementioned person has actually participated in classroom training and is to be reimbursed in the amounts stated.

 SUPERVISOR/COURSE INSTRUCTOR SIGNATURE

 DATE

FOR OFFICE USE ONLY - DO NOT WRITE IN THE SPACE BELOW

TOTAL HOURS _____ DATE PAID _____ INITIAL _____



Exhibit D

St. Lawrence County One-Stop Career Center

Human Services Center

80 State Highway 310 Suite 8, Canton, New York 13617-1498

Phone: (315) 386-3276 Fax: (315) 386-3414

www.slconestop.com

Equal Employment Program

NOTICE TO EXAMINING PHYSICIAN OR PHYSICIAN'S ASSISTANT

The presenter of the attached forms has been authorized to obtain a physical before starting participation in a Workforce Investment Act (WIA) Training Program.

The St. Lawrence County Office of Economic Development is not an insurance carrier. It can, however reimburse your office up to \$45.00 for performing this physical examination, but only after all other insurance carriers (including Medicaid) have been billed.

In order to seek reimbursement from our office you must attach the completed voucher and the completed examination form. In addition, you must attach documentation of any insurance payment made on the physical. If an insurance carrier should deny payment for the physical, you must also attach a copy of the denial letter.

We ask that you complete and return the attached Physical form to the examinee immediately after the physical has been performed. The examinee is not allowed to participate in any WIA training program until the required Physical form is submitted to this office. Please also return voucher to our office as soon as possible.

Should you have any questions regarding this procedure, please call this agency at (315) 386-3276 and ask for the Billing Department.

Thank you for your cooperation.

The St. Lawrence County One-Stop Career System is a Partnership of:
NYS Dept. of Labor - Division of Employment Services * St. Lawrence-Lewis BOCES * St. Lawrence County Office of Economic Development
St. Lawrence County Department of Social Services * St. Lawrence County Office for the Aging * St. Lawrence County Youth Bureau
St. Lawrence County Veterans' Service Department * Vocational Educational Services for Individuals with Disabilities * SUNY Canton.

The St. Lawrence County One-Stop Career System is an equal opportunity program;
auxiliary aids and services are available upon request to individuals with disabilities.

ST. LAWRENCE COUNTY HEALTH EVALUATION

Please check appropriate box:

- () Pre-employment Physical () Intake Physical
() WIA - Summer Employment Physical () Office for the Aging Physical

Name _____ M ___ F ___ Social Security Number _____ DOB _____

Address _____ Phone Number _____

Family Physician _____ Address _____

Employment Department and Position _____

- 1. Have you ever applied for or received a Pension, Workers' Compensation or Disability Benefits? Yes ___ No ___
2. Have you ever been treated for: (circle if applicable)
a) Impairment of hearing or of sight of either eye? Yes ___ No ___
b) Dizziness, fainting, convulsions or stroke? Yes ___ No ___
c) Heart disease, high blood pressure, heart attack, irregular pulse, varicose veins, or blood clots? Yes ___ No ___
d) Lung disease, tuberculosis, asthma, emphysema, persistent cough? Yes ___ No ___
e) Appendicitis, ulcers, stomach trouble, liver disease, gall bladder disease, hernia, intestinal disease or rectal disease? Yes ___ No ___
f) Arthritis, rheumatism, sciatica, gout, or any disorder of the muscles or bones of the back, spine or joints? Yes ___ No ___
g) Amputation, fracture, or loss of use of an arm, leg, hand, foot, fingers or toes? Yes ___ No ___
h) Rheumatic fever, syphilis, diabetes, epilepsy, cancer or AIDS? Yes ___ No ___
i) Emotional, mental, or nervous disorder? Yes ___ No ___
j) Complication with pregnancy or delivery? Yes ___ No ___

If yes, please describe: _____

3. Have you ever had or been advised to have an operation? Yes ___ No ___, EKG? Yes ___ No ___, X-ray? ___ Yes ___ No If yes, please describe _____

4. Do you take any medications regularly? Yes ___ No ___ If yes, give name of medicines and their dosages. _____

5. Do you have any allergies? Yes ___ No ___ If yes, indicate to what you are allergic. _____

6. Does any blood relation have diabetes? Yes ___ No ___; Cancer? Yes ___ No ___; TB? Yes ___ No ___
Heart disease? Yes ___ No ___; High Blood Pressure? Yes ___ No ___
Father: age ___ Health _____ Deceased? Yes ___ No ___ cause _____
Mother: age ___ Health _____ Deceased? Yes ___ No ___ cause _____

7. Do you smoke or chew tobacco? Yes ___ No ___ If yes, how much per day? _____

8. Do you drink alcohol? Yes ___ No ___ If yes, how many drinks or beers in an average week? _____

9. Do you exercise regularly? Yes ___ No ___ If yes, what type of exercise and how often? _____

Review of Systems by Medical Physician:

HEENT: _____

Cardiorespiratory: _____

GI: _____

GU: _____

Musculoskeletal: _____

Nervous: _____

Skin: _____

Examination: _____

Ht: _____ Wt: _____ BP: _____ P: _____

Vision: Uncorrected R _____ L _____ Corrected R _____ L _____ Color Vision _____

Hearing: **Must be completed for Buildings & Grounds Solid Waste and Highway Personnel only**

Lowest Response Level	Frequency (Hz)			
	500	1000	2000	4000
25 db - Normal				
40 db - mild loss				
60 db - serious loss				
No response - severe loss				

Urine: Appearance _____ SG: _____ pH: _____ Chemistry: _____ Microscopic: _____

	Normal	Abnormal	NE	Details
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Recommendations: _____

- I certify that this candidate has no pre-existing permanent disabilities
- I certify that this candidate has the following pre-existing permanent disabilities:

I also certify that this a true record of the examination of the above candidate and that I find said candidate
 qualified in accordance with the St. Lawrence County job specification not qualified for the following reasons:

Examined by: _____ Date: _____



CUSTOMER EXPENSE SHEET (CONTINUED)

OTHER

MO./DAY/YR.	EXPLANATION

TOTAL EXPENSES \$ _____
MILEAGE AMOUNT DUE \$ _____
(from front sheet)
GRAND TOTAL PAID \$ _____

I provided rides(s) to the following student(s) as indicated during this expense period.

Student	Date(s) of Ride(s)

I give this information to support my request for mileage and meal reimbursement. I state that I personally drove. Any practice that deviates from my driving my vehicle has been approved by my counselor and I have that approval in writing. The information on this form is correct and I understand obtaining reimbursement by a false statement is a crime.

WIA CUSTOMER

DATE

CASE MANAGER /COUNSELOR

DATE



REIMBURSEMENT AGREEMENT

Date

Name

Street Address

City, State Zip Code

By my signature (below) I agree to reimburse the St. Lawrence County Office of Economic Development for any duplicated Needs-Related Payments; that is, payments made for a period of time in which I have also received Unemployment Insurance benefits or Trade Readjustment Act benefits.

Print Name

Signature

Date

The St. Lawrence County One-Stop Career System is a Partnership of:
NYS Dept. of Labor - Division of Employment Services * St. Lawrence-Lewis BOCES * St. Lawrence County Office of Economic Development
St. Lawrence County Department of Social Services * St. Lawrence County Office for the Aging * St. Lawrence County Youth Bureau
St. Lawrence County Veterans' Service Department * Vocational Educational Services for Individuals with Disabilities * SUNY Canton.
The St. Lawrence County One-Stop Career System is an equal opportunity program;
auxiliary aids and services are available upon request to individuals with disabilities.



St. Lawrence County One-Stop Career Center

Human Services Center
80 State Highway 310 Suite 8, Canton, New York 13617-1498
Phone: (315) 386-3276 Fax: (315) 386-3414
www.slconestop.com
Equal Opportunity Program

Financial Needs Assessment

(To be used to document initial eligibility for Needs Related Payments or to document a change in a participant's status.)

Answer Yes or No:

1. Are you employed? _____
2. If employed, have you received a notification of layoff? _____
3. Are you receiving Unemployment Insurance benefits or Trade Readjustment Allowances (TRA)?

4. Have you ceased to qualify for Unemployment benefits? _____
5. Are you currently maintaining satisfactory progress in training? Attach most recent grade reports if applicable. _____
6. Are you currently a member of a household receiving Temporary Assistance to Needy Families or Safety Net benefits? _____

Are you currently receiving income from any form of work experience, On-the-Job training, subsidized employment, work study, etc.? Please indicate which of the above and the weekly amount received.

What other resources are available to you in order to support your basic living needs while in training? Examples of other resource include but are not limited to severance pay, spouses' income, Food Stamps, rent subsidies, free housing with a friend or relative as well as other financial support, etc:

All answers and statements are true and complete to the best of my knowledge. I understand that untruthful or misleading answers may cause my determination for Needs Related Payments to be rejected or any payments made to be returned.

Participant Signature: _____

Date: _____

___ Eligible
___ Not eligible



**REQUEST FOR JOB INTERVIEW OR RELOCATION ASSISTANCE:
MEMORANDUM TO SUPERVISOR**

TO:	
FROM:	
SUBJECT:	Request for Job Interview or Relocation Assistance
CUSTOMER:	

The above-cited customer is currently enrolled with the St. Lawrence County Office of Economic Development as of (date) _____. This customer has been actively engaged in a self-directed job search and has been unsuccessful in securing employment locally.

Therefore, this customer is requesting the following:

- Job Interview Assistance
- Relocation Assistance

Counselor or Authorized Signature

Date



AGREEMENT OF UNDERSTANDING FOR RELOCATION ASSISTANCE

This Agreement of Understanding is entered into between the St. Lawrence County Office of Economic Development and

(Customer's Name)

Whereas the St. Lawrence County Office of Economic Development has funds available under certain conditions for relocation assistance, I hereby request such assistance and attest that the following information supporting my request is correct to the best of my knowledge.

1. I have accepted employment with:

(company name)

(company address)

(company contact person)

(company address)

(company telephone number)

2. The **job title** of the position I have accepted is: _____

The **wage per hour** of the position I have accepted is: _____

The **date** I will begin work is: _____

3. Relocation assistance is not being provided to me by the company hiring me.

4. At a minimum, I must provide the St. Lawrence County Office of Economic Development with a receipt(s) for the mode of transportation used to the site of relocation.

5. The St. Lawrence County Office of Economic Development will take steps to verify this information. If the information is not correct or if I have not used the funds for the purpose requested, I shall repay all the funds provided. I further understand that appropriate action will be taken against me in the collection of funds provided.

6. I have read and understand this Agreement of Understanding and have completed the information in this agreement accurately and to the best of my knowledge.

(Customer Signature)

(Date)

(Witness Signature)

(Date)



REQUEST FOR JOB RELOCATION ALLOWANCE

This request must be supported by a bona-fide job offer and proof of job acceptance.

1. Customer Name: _____
2. Social Security #: _____
3. Present Address: _____
(Number and Street)

(City, State, and Zip Code)
4. New Address (if known) _____
(Number and Street)

(City, State, and Zip Code)
5. Firm Name and Address _____
(Firm Name)

(Firm number and Street)

(Firm city, State, and Zip Code)
6. Job Start Date _____
7. Job Title _____
- Departure Date _____ Starting Wage _____
- Mode of Transportation to be used:
 - a. Car
 - b. Plane
 - c. Train
 - d. Bus
 - e. Other (specify) _____

Customer Signature

Date

Office Use:

Job Relocation Allowance

Approved

Disapproved

For the following reason(s): _____

Authorized Signature