

IMPERIAL COUNTY WORKFORCE DEVELOPMENT BOARD

2799 S. Fourth Street - El Centro, CA 92243 - Tel: (442) 265-4974 - Fax: (760) 337-5005

POLICY	ORIGINAL DATE	LAST REVISION
COVID-19 Impacted Individuals Special Grant		
Policy	FISCAL YEAR 2020-2021	July 15, 2020

POLICY OVERVIEW:

The purpose of this policy is to help workers most impacted financially by the COVID-19 pandemic. The Employment Development Department (EDD) announced funding for a 25% Dislocated Worker Special Grant to provide supportive services to individuals impacted by COVID-19. This policy outlines the policies specific to this Special Grant.

REFERENCES:

Employment Development Department Workforce Services Information Notice 19-39 WIOA
 Dislocated Worker Funds for Underserved COVID-19 Impacted Individuals

BACKGROUND:

Additional Dislocated Worker funds were made available to provide supportive services to those affected by COVID-19. It is recommended that underserved populations who are eligible be prioritized.

POLICY:

This policy only applies to those who meet the eligibility requirements outlined in this policy. Please note the eligibility requirements and use of funds differ from the traditional 25% Dislocated Worker funds, and the information outlined in this policy does not apply to other WIOA funds. Newly enrolled individuals can receive the supportive services in this grant. All participants must have completed a CALJOBS program application.

COVID-19 Participant Related Eligibility

In addition to meeting WIOA Title I eligibility, eligible individuals must satisfy all of the following:

- Individuals are enrolled in Title I Dislocated Worker services*;
- Individuals have not received wages above 400% of the federal poverty level (FPL) for the last six months of income. For additional FPL information, please visit the U.S. Department of Health & Human Services Poverty Guidelines.
 - Household Annual Salary for 400% FPL is as follows;
 - Family of 1: \$51,040
 - Family of 2: \$68,960
 - Family of 3: \$86,880
 - Family of 4: \$104,800
- Individuals must meet one of the following:
 - Laid-off due to COVID-19.
 - Experienced a reduction in hours and/or pay due to COVID-19.
 - Unable to work for any of the following COVID-19 related reasons:
 - Subject to quarantine.
 - Caregiver for someone who is subject to quarantine.

- Need to care for children because of school closure or closure of other child care provider.
- At higher risk of getting seriously ill from COVID-19, or lives with someone at higher risk, as outlined on the California Department of Public Health COVID-19 website.
- Required to telework, but does not have the necessary equipment.

Dislocated Workers can receive the funds whether they meet the above criteria now or at eligibility.

*If an individual is not eligible for the Dislocated Worker program, they can be enrolled into the Title I Adult program and provided the tiered supportive services described below, as long as they meet all of the COVID-19 related eligibility criteria listed above. However, if an individual is already enrolled as a WIOA Adult, it is recommended to enroll them as a Dislocated Worker with their new eligibility criteria.

Due to the COVID-19 public health emergency, individuals may self-attest to their income and the COVID-19 related eligibility criteria listed above.

Under emergency situations, a digital signature is considered a valid signature. The client's original/digital signature on their program application will be validated by the site supervisor and all additional documentation. The site supervisor will be required to initial all applicable forms confirming the individual's signature is valid.

Before receiving supportive services, participants will not only have to document program eligibility (WIOA Adult or WIOA Dislocated Worker) but also the COVID-19 eligibility requirements above.

Supportive Services

Supportive Services may be provided to individuals impacted by COVID-19, with an emphasis on providing supportive services to underserved populations. These supportive services may include, but are not limited to, equipment necessary to telework (e.g. computer, internet, etc.), housing assistance, utility assistance, childcare assistance, and transportation assistance.

Supportive services are available in two tiers:

- 1. Individuals receiving at least 50% of their previous wages either from their employer directly, or with Unemployment Insurance (UI) payments, may receive supportive services totaling up to \$400.
- 2. Individuals who are not receiving at least 50% of their wages from their employer directly, or with UI payments, may receive supportive services totaling up to \$800.

If Local Workforce Development Areas (Local Area) use other funds such as existing WIOA Adult or Dislocated Worker formula funds, or local funds to provide supportive services, then those funds do not count towards the \$800 limit.

AJCC staff will adhere to state guidelines, as well as follow the guidance provided by the compliance manager and site supervisor in order to determine participant eligibility. If staff is unable to determine eligibility based on the set guidelines, the AJCC staff has the ability to approve support services for an individual if it is determined that justifiable needs are present. AJCC staff must provide justification by documenting as to why support services were approved. More than one individual per household may

be approved for support services, if AJCC staff determine there is a need. AJCC staff must obtain supporting documentation, such as receipts, as to why support services were approved for multiple individuals in a household.

Tracking

These are the pieces of documentation required for Service Providers to track these services.

- Supportive services require the submission of a COVID-19 Supportive Services Request Form.
 The form must be completed in its entirety and signed by the participant and applicable program
 staff. Electronic signatures or digital copies of the original documents with signatures will be
 accepted in the event of an emergency. Failure to properly complete the supportive services
 forms may result in a delay/denial of the request for supportive services.
- 2. The second is that a Supportive Service Participant Log shall be kept in each participant's file that receives supportive services.
- 3. The third is all supportive services from this grant will be tracked for audit purposes on a Supportive Services Master Log with all other Supportive Services. An inventory of all supportive services will be conducted by compliance staff.
- 4. Each request for supportive services must be clearly documented in the case notes. The case note must include the participant's individual needs and how these needs relate to the supportive service.
- 5. Appropriate activity code for supportive services shall be entered in CalJOBS, updated throughout the participation in the program, and closed on the actual end date of service.
- 6. Invoices, statements, and receipts are necessary to verify that a supportive service has been provided. Original copies must be returned to AJCC staff. It is the responsibility of the staff that distributed the supportive service to ensure that all support services documentation is collected and added to the participants file. In the event of a declared emergency, self-attestation will be an accepted form of verification. If this applies, electronic signatures will be accepted or digital copies of the original documents with signatures will be accepted. Returned receipts must be itemized and indicate that the supportive service was used for an approved purpose. For example, backup for a request for housing allocation for \$650 dollars should show a \$650 dollar receipt paid for rent. If the supportive service was not used for an approved expense that is allowable, no additional supportive services will be provided for the participant unless the participant reimburses the difference. Supportive services that have remaining balances must be returned by the participant and tracked by the AJCC staff.

Timing of Funding

The funds for this grant were made available to the ICWDB on April 24, 2020. If a Service Provider can document the participant program eligibility and participation requirements; can document the COVID-19 participant requirements listed above; and the participant received a qualifying supportive service on March 1, 2020, or later; those supportive services can be charged to this grant (subject to the funding limits above) from the date all of these requirements are met (as long as it is April 24, 2020, or later) until the grant funds are no longer available.

ACTION:

Please bring this policy to the attention of ICWDB, AJCC system staff and appropriate WIOA funded service providers and sub-recipients. This policy is effective immediately. All submitted forms are live documents and subject to change according to local, State, and Federal needs. Once the forms and exhibits pertaining to this policy are approved by the ICWDB, they will not require board approval if other changes occur, unless the change affects protocols. Should you have any questions, please feel free to contact ICWDB staff at (442) 265-4974, (442) 265-4959, (442) 265- 4955 or the Program and Compliance Manager (442) 265-4963.

ATTACHMENT:

Attachment I: Self-Attestation Statement Supportive Services Request Due to Covid-19





ATTACHMENT I

Self-Attestation Statement Supportive Services Request Due to COVID-19

Participant Information: Participant Name:	Date:
WIOA State ID Number:	
Need for Support (identify one of the following): □ Laid off due to COVID-19 □ Experienced a reduction in hours and/or pay due to 0 □ Unable to work for any of the following COVID-19 rel □ Subject to Quarantine □ Caregiver for someone who is subject to que □ Need to care for children because of school of □ At higher risk of getting seriously ill from COVID □ Required to telework, but does not have the next of the state of the seriously in the	ated reasons: arantine osure or closure of other childcare provider D-19, or lives with someone at higher risk ecessary equipment
Additional Comments (If additional space is needed back of this document):	, please use a separate sheet and staple to the

Authorization:

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM WIOA, REIMBURSEMENTS OF PAYMENTS MADE AND/OR PENALTIES AS SPECIFIED BY LAW. I SHALL PROVIDE REASONABLE DOCUMENTATION TO MY CASE MANAGER FOR PROOF OF PAYMENT FOR ALL PAYMENTS MADE USING THE SUPPORT I RECEIVED.

Participants Signature:	Name:
Date:	
AJCC Staff Signature:	Name:
Date:	
STATEMENTS BELOW TO BE SIGNE PARTICIPANT	ED ONCE SUPPORT PAYMENT HAS BEEN RECEIVED BY
•	UNDER PENALTY OF PERJURY, THAT I OBTAINED PROVIDED BY THE IMPERIAL COUNTY WORKFORCE AND
Participants Signature:	Print Name:
Date:	
COLLECTED, AND FILED DOCUME	T, UNDER PENALTY OF PERJURY, I HAVE REVIEWED, NTATION ON THE PAYMENT MADE TO THE PARTICIPANT. ENATION ON FILE IS CONSISTANT AND ALLOWABLE PER
ICWED/AJCC Staff:	Print Name:
Date:	