

EASTERN WASHINGTON PARTNERSHIP

WORKFORCE DEVELOPMENT COUNCIL

320 North Main • Colville WA 99114 • (509) 684-8421 • Fax (509) 684-4740

Serving the Counties of

Asotin • Columbia • Ferry • Garfield • Lincoln • Pend Oreille • Stevens • Walla Walla • Whitman

WDC Policy #: 263
Effective Date: 7/1/00
Revision Date: NA

SUBJECT SUPPORT SERVICE SUBSISTENCE PAYMENTS FOR DISLOCATED WORKERS

PURPOSE

This policy establishes the basis upon which dislocated workers enrolled in a non-wage paying activity may receive minimum income support during time spent in training.

BACKGROUND

A Support Subsistence Payment is an income supplement made available to those enrollees whose resources are inadequate to support their participation in non-wage paying training activities. Support Subsistence Payments are necessary to assure that training is available to all eligible applicants for whom such training is beneficial and appropriate.

POLICY

Support Subsistence Payments shall be made available to participants upon enrollment in a full-time, non-wage paying vocational skills training activity. Support Subsistence Payments will be provided when the need is demonstrated and other support is insufficient (see attachment).

Such payments are limited to \$175 (or less) per week per participant.

To be eligible a participant must have exhausted or not be eligible for Unemployment Insurance benefits.

Payments may not begin until the actual training begins, and subsequent payments are dependent upon satisfactory performance. Payments may continue until the participant completes training, receives an alternate source of income, does not perform at an acceptable level, or until funds are no longer available. Program counselors should verify with the Employment Security Department and the Department of Social and Health Services if participants are receiving any level of Unemployment Insurance or public assistance benefits.

In the event of an overpayment through no fault of the participant a repayment schedule, which does not jeopardize participation in training, will be arranged. In other cases, standard debt collection procedures will apply.

PROCEDURE

The following procedure will be used to determine eligibility for and to provide support Subsistence Payments:

- The participant and counselor discuss the specific need(s) of the individual. The counselor investigates and exhausts all non-WIA resources of the participant and those in the community. A crosscheck with unemployment insurance and public assistance will be made to determine if the participant is receiving any level of support from those agencies.
- If the participant is determined eligible to apply, a Support Subsistence Payment Analysis Form is completed (see attachment).
- After the SSPA form is completed and signed, payments may begin subject to a two-week delay.
- The maximum support subsistence payment will be \$175 per week.
- The subsistence payments will be authorized for no more than 15 weeks at a time. Payments for a longer period will require another formal review by the staff to update the participant's current needs.
- The participant must agree to notify the counselor if she/he discontinues the training for any reason. Subsistence payments in this instance will cease.
- Participants must maintain satisfactory progress in training in order to continue receiving subsistence. Records of academic achievement or grades and registration documents will be a part of the file to verify participation and authorize payment.
- In the event of fraud, all WIA funds obtained from the date of the fraud will be subject to collection from the appropriate sources.

EASTERN WASHINGTON PARTNERSHIP

WORKFORCE DEVELOPMENT COUNCIL

320 North Main • Colville WA 99114 • (509) 684-8421 • Fax (509) 684-4740

Serving the Counties of

Asotin • Columbia • Ferry • Garfield • Lincoln • Pend Oreille • Stevens • Walla Walla • Whitman

SUPPORT SERVICE SUBSISTENCE PAYMENTS ANALYSIS

Participant Name _____ SSN ____/____/____

Enrollment Date _____ Activity _____

MONTHLY PROJECTIONS WHILE PARTICIPATING IN TRAINING

<u>Income</u>	<u>Amount</u>	<u>Expenses</u>	<u>Amount</u>
Income from wages	_____	Lodging (rent, mortgage)	_____
Aid to Families with Dependent Children	_____	Food	_____
Social Security Income	_____	Heat (gas, wood, etc.)	_____
Refugee Assistance	_____	Electricity	_____
WIN Childcare	_____	Other Utilities (water, sewer, garbage, etc.)	_____
DSHS Transportation Allowance	_____	Clothing	_____
Child Support	_____	Child care	_____
Loans or Gifts	_____	Transportation	_____
Inheritances	_____	Medical/Dental (include insurance payments)	_____
Tribal Income	_____	Time Payments/Installment Purchases (list)	_____
Unemployment Insurance	_____	_____	_____
Other cash income (list)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	Total	_____

I certify the information herein is true and correct. I will immediately inform my counselor of any changes in my (or my family's) income.

Participant Signature

Date