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# OC Community Resources

Effective: May 6, 2020  
Revised: January 8, 2021  
March 31, 2021

**To:** Orange County WIOA Service Providers

**From:** Carma Lacy  
Director of Workforce Development

**Subject:** COVID-19 Impacted Individuals Special Grant Desk  
Procedure

## **PURPOSE**

In an effort to act swiftly to help workers most impacted financially by the coronavirus (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 document outlines the procedures specific to this Special Grant.

## **EFFECTIVE DATE**

This notice is effective on the date of issuance.

## **BACKGROUND**

Additional Dislocated Worker funds were made available to Orange County Workforce Development Board (OCWDB) to provide supportive services to those affected by COVID-19. It is recommended that underserved populations who are eligible be prioritized, particularly those in need of supportive services in the English Language Learner (ELL) and ELL Navigator programs.

## **PROCEDURE**

These desk procedures apply only to those who meet the eligibility requirements outlined in this document. Please note the eligibility requirements and use of funds differ from the traditional 25% Dislocated Worker funds, and the information outlined in this document does not apply to other WIOA funds. Newly enrolled individuals or currently enrolled individuals can receive the supportive services in this grant.

All participants must have completed a CalJOBS program application.

## **COVID-19 Related Eligibility Criteria**

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



COMMUNITY INVESTMENT DIVISION  
1300 SOUTH GRAND  
BLDG. B, FIRST FLOOR  
SANTA ANA, CA 92705  
PHONE: 714.480.6500  
FAX: 714.567-7132

## 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 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, based on California's imposed Stay at Home Order
    - Caregiver for someone who is subject to quarantine.
    - Need to care for children because of school closure or closure of other childcare providers.
    - 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.

Before receiving supportive services, participants will have to document WIOA program eligibility (Adult or Dislocated Worker), as well as the COVID-19 eligibility requirements listed above.

### **Supportive Services**

Supportive services may be provided to individuals impacted by COVID-19, with an emphasis on providing supportive services to underserved populations, particularly participants in the ELL and ELL Navigator programs. However, these funds are not limited to the ELL and ELL Navigator programs. 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 **\$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 **\$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.

### **Tracking**

The following are the steps the Service Provider is required to follow and the documentation that will be required to track supportive service.

1. Supportive services require the submission of a COVID-19 Supportive Services Request Form (Attachment 1). The form must be completed in its entirety and signed by the participant and applicable program staff. Failure to properly complete the supportive services form may result in a delay/denial of the request for supportive services.

2. Supportive services require the Service Provider to maintain a Supportive Services Participant Log (Attachment 2). The Supportive Services Participant Log shall be kept in each participant file that receives supportive services.
3. Supportive services from this grant shall be tracked for audit purposes on a Supportive Services Master Log (Attachment 3), along with all other supportive services. An inventory of all supportive services will be conducted by a designated staff person who is responsible for the tracking of supportive services.
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 services request.
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 necessary to verify that a supportive service has been provided must be returned to 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 participant file. Returned receipts must indicate that the supportive service was used for its intended purpose. For example, a \$50.00 gas card should display that \$50.00 of gasoline was purchased. If the supportive service was not used for its intended purpose, 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 Service Provider.

### **Follow-Up**

The following are the steps the Service Provider is required to follow and the documentation that will be required to follow-up with participants who have not submitted an invoice, statement, and/or receipts within 30 calendar days of received payment to verify that a supportive service was provided and used for its intended purpose.

If an invoice, statement, and/or receipts have not been submitted by the participant within 30 calendar days of received payment, the Service Provider must follow-up with the participant as follows:

1. Service Provider must contact the participant one (1) week prior to the 30 calendar days deadline to provide the participant with a friendly reminder of approaching invoice, statement, and/or receipt submission deadline.
2. On the first (1<sup>st</sup>) business day following the 30 calendar day deadline, the Service Provider must contact the participant via phone to remind them that an invoice, statement, and/or receipt must be submitted to verify that a supportive service was provided and used for its intended purpose and provide the participant with a five (5) day deadline extension. If an e-mail address is available, a follow-up email should be sent to the participant to confirm and summarize the conversation/voice mail message and deadline extension.
3. If the participant continues to be unresponsive, the Service Provider shall contact the participant via phone and mail a "First Attempt to Contact" formal letter (Attachment

- 4) to the participant stating that the participant must submit an invoice, statement, and/or receipt to verify that a supportive service was provided and used for its intended purpose within ten (10) calendar days from the date of the letter. If an e-mail address is available, a follow-up email should be sent to the participant and include the letter as an attachment.
4. If the participant continues to be unresponsive, the Service Provider shall contact the participant via phone and mail a “Second Attempt to Contact” formal letter (Attachment 4) to the participant stating that the participant must submit an invoice, statement, and/or receipt to verify that a supportive service was provided and used for its intended purpose within ten (10) calendar days from the date of the letter. If an e-mail address is available, a follow-up email should be sent to the participant and include the letter as an attachment.
  5. If the participant continues to be unresponsive, the Service Provider shall contact the participant via phone and mail a “Final Attempt to Contact” formal letter (Attachment 4) to the participant stating that the participant must submit an invoice, statement, and/or receipt to verify that a supportive service was provided and used for its intended purpose within ten (10) calendar days from the date of the letter. If an e-mail address is available, a follow-up email should be sent to the participant and include the letter as an attachment.
  6. If the participant continues to be unresponsive, the Service Provider is to notify the County of Orange assigned Program Manager and Director of Workforce Development via e-mail for further direction. The e-mail to the County of Orange assigned Program Manager and Director of Workforce Development should include copies of the letters and emails sent to the participant and a summary of all phone call contact attempts made, as well as the results of the phone call.

All contact attempts (phone calls, emails, letters) should be recorded into the participant’s physical and electronic file.

### **Timing of Funding**

The funds for this grant were made available to the OCWDB on March 1, 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 March 1, 2020 or later) until the grant funds are no longer available.

### **ACTION**

Bring this desk procedure to the attention of all staff.

### **INQUIRIES**

If you have any questions regarding these procedures, please contact your Contract Administrator at 714-480-6500.

### **ATTACHMENTS**

Attachment 1: COVID 19 Supportive Services Request Form

Attachment 2: Supportive Services Participant Log

Attachment 3: Supportive Services Master Log  
Attachment 4: COVID 19 NRSS Follow-Up Letter



# COVID-19 Supportive Services Request Form



## Participant Information

Participant Name		Date	
WIOA Application Number		One-Stop Location	

## Family Size

Check the qualifying annual salary that does not exceed 400% of the Federal Poverty Level based on family size

(<https://aspe.hhs.gov/2020-poverty-guidelines>):

Household Annual Salary for 400% FPL	Name	Documentation	Relationship	Annual Wages
<input type="checkbox"/> Family of 1 not greater than \$51,040	(Participant)	(in case file)	(self)	
<input type="checkbox"/> Family of 2 not greater than \$68,960				
<input type="checkbox"/> Family of 3 not greater than \$86,880				
<input type="checkbox"/> Family of 4 not greater than \$104,800				
<input type="checkbox"/> Family of 5 not greater than \$122,720				
<input type="checkbox"/> Family of 6 not greater than \$140,640				
<input type="checkbox"/> Family of 7 not greater than \$158,560				
<input type="checkbox"/> Family of 8 not greater than \$176,480				

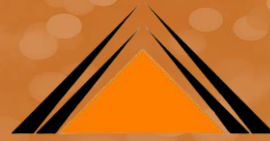
(For families/households with more than 8 persons, add \$17,920 for each additional person)

## Past and Current Wage Comparison (including Unemployment Insurance)

Past Annual Household Income	Current Annual Household Income (including UI)	Percentage Difference
\$	\$	%

## Support Service Amount

	Amount
<input type="checkbox"/> Individuals receiving at least 50% of their previous wages either from their employer directly and/or with Unemployment Insurance (UI) payments.	Up to \$400
<input type="checkbox"/> Individuals who are not receiving at least 50% of their wages from their employer directly and/or with UI payments.	Up to \$800



### Need for Support (identify 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 based on California's imposed Stay at Home Order
  - 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
  - Required to telework, but does not have the necessary equipment

### Underserved COVID-19 Impacted Individuals Grant Code (select one)

- Statewide Adult- Grant Code 2051
- Statewide Dislocated Worker- Grant Code 1187

### Additional Comments:

### 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.

Participant Signature	Print Name	Date
WIOA Staff Signature	Print Name	Date

Office Use	
OCDB Approval Signature	
Print Name of Approver	
Tracking #	
Received Date	

### STATEMENTS BELOW TO BE SIGNED ONCE SUPPORT PAYMENT HAS BEEN RECEIVED BY PARTICIPANT

#### Participant Verification of Support Paid

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT I OBTAINED SUPPORTIVE SERVICE PAYMENT PROVIDED BY THE ORANGE COUNTY WIOA PROGRAM.

Participant Signature	Print Name	Date

#### Case Manager Documentation of Support Services Paid

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, I HAVE REVIEWED, COLLECTED, AND FILED DOCUMENTATION ON THE PAYMENT MADE TO THE PARTICIPANT. THE SUPPORT SERVICES DOCUMENTATION ON FILE IS CONSISTANT AND ALLOWABLE PER THE REGULATION DEFINED BY WIOA.

WIOA Staff Signature	Print Name	Date



**ATTACHMENT 2**  
**Supportive Services Participant Log**

Date	Type of Service(s) Provided	Supportive Service Category	Cost	Staff Initials

SAMPLE





**ATTACHMENT 3**  
**Supportive Services Master Log**

Issuance Number	Description	Amount	Quantity	Staff Requested	Balance (Includes returned cards with balances)
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
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SAMPLE



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# OC Community Resources

Date

Name  
Address  
City, State, Zip Code

Dear \_\_\_\_\_,

Thank you for choosing the Orange County One-Stop System to support your workforce goals. The Orange County One-Stop Center is available to you to provide comprehensive employment and training services, including a Resource Center.

According to our records, you received a total of \_\_\_\_\_ from the COVID-19 Impacted Individuals Special Grant funds through the Orange County One-Stop Center.

Attached for your records is your signed "COVID-19 Impacted Individuals Special Grant Recipient Agreement". This agreement outlines that, pursuant to grant requirements, all participants must submit receipts and/or proof of purchases made using the COVID-19 grant funds within 30 calendar days of received payment. However, as of the date of this letter, we have yet to receive your receipts and/or proof of purchase documents. In an attempt to reach you to inquire about the receipts and/or proof of purchases made using the COVID-19 grant funds, our staff called and/or emailed you on \_\_\_\_\_, however, we have not been successful in our attempts to collect the receipts/proof of purchases. Thus, please accept this letter as our insert number of attempts (first, second, final) formal attempt to contact you to remind you that receipts/proof of purchases must be submitted.

As of today, your case file is still open and is pending your receipts. Failure to submit receipts/proof of purchases will result in default and you will, unfortunately, be ineligible for any future Supportive Services benefits through the Orange County One-Stop System.

Please submit the original and/or copies of your receipts/proof of purchases to your Case Manager, \_\_\_\_\_, within the next 10 business days as of the date of this letter (Due Date). We have enclosed a stamped envelope addressed to our office for your convenience. Alternatively, you can take scanned photos of these receipts or proof of purchases and email them to your assigned Case Manager at \_\_\_\_\_ or via text message at \_\_\_\_\_.



Orange County Development Board  
1300 SOUTH GRAND  
BLDG. B, FIRST FLOOR  
SANTA ANA, CA 92705  
PHONE: 714.480.6500  
FAX: 714.567-7132

If you are receiving this letter in error and/or have not received your payment from the Orange County One-Stop System (ACRO), please contact your Case Manager immediately to resolve the issue at (714) 241-4900.

Thank you in advance for your assistance with this matter.

Sincerely,

Carma Lacy  
Director of Workforce Development  
OCCS Workforce & Economic Development Division  
Executive Director, Orange County Workforce Development Board



This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. If you need special assistance to participate in this program, call (714) 241-4900. TDD/TTY users, please call the California Relay Service at (800) 735-2922 or 711. Please call 48 hours in advance to allow the Orange County One-Stop Center to make reasonable arrangements to ensure accessibility to this program.