



WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
SECTION 167  
FARMWORKER CAREER DEVELOPMENT PROGRAM  
FLORIDA DEPARTMENT OF EDUCATION

DATE: June 1, 2016	FCDP Policy Memo No. 15-01
TO: Farmworker Career Development Program (FCDP) Projects	
FROM: Mario Zuniga	
SUBJECT: Support Service Allowances	

REFERENCE: RFA 2016-2017; Title I, Section 167 (Migrant and Seasonal Farmworkers) of the Workforce Innovation and Opportunity Act 2016 (WIOA)

**Purpose:** To clarify the administration of Support Service Allowances for Farmworker Career Development Program participants.

**Background:** The current policy and procedures regarding Support Service Allowances are vague and possibly confusing. This policy memo will clarify the purpose of the allowances, the types of accepted allowances and the specific monetary amounts allowed for the services for FCDP participants.

**Policy:** Effective June 1, 2016, FCDP offices will determine Support Service Allowances for all qualified NFJP participants in accordance with the guidance stipulated in this policy as part of the intake process and prior to the expenditure of any project funds on the participant.

The purpose of Support Service Allowances is to provide FCDP participants with financial assistance that allows them to continue to pursue their training per their Individual Employment Plan (IEP). Support services are provided as needed to allow participants to overcome barriers to participation and completion of the individual service plan. Case notes and participant files will identify the barriers and the support service that will be implemented to overcome the identified barrier using the attached forms.

The following chart specifies the support category, amounts, notes and concerns/limits for Support Services Allowances:

## FCDP Support Services Allowance Criteria

Support Category	Limit	Notes	Other Concerns/Limits
Child Care	\$2,000/year	Example: Client and counselor estimate cost of child care at 4,000 for the program year. Our cap of 2K could be paid as a % of childcare each month (i.e., \$2000/12 = \$167) & difference could be picked by other funding sources.	Child care should be subsidized only if child care is a barrier to attending/participating in pre-approved training (as detailed in IEP) leading to employment. Related assistance stipends (see below) can be used by local project coordinator to more effectively manage available funding.
Mileage Reimbursement	.20 cents a mile with a \$2000/year cap	Can be claimed monthly or via voucher process based on projected weekly mileage to and from training activities.	Mileage reimbursement provided only with supporting documentation of vehicle use to attend/participate in pre-approved training leading to employment.
Car repair	50% of cost	Vehicle must be registered to enrolled NFJP participant.	\$1,000 Program Year Limit
Bus Passes	\$500/year	Bus passes must be for transportation to and from pre-approved training only.	Bus passes can be for NFJP participant and children needing to go to child care.
Tools/Uniforms	\$1,000/year	As required by training provider or employer.	One-time purchase of tools/uniforms only.
Basic Allowance Stipends	\$3.00/hour	Must be unemployed and attending/participating in pre-approved training leading to employment.	Number of hours used to calculate basic allowance stipend cannot exceed the number of classroom training hours attended.
Related Assistance Stipends	\$1.75/hour	Must qualify for basic allowance stipend and have additional barriers, and not receive specific assistance for child care or transportation as detailed above.	Additional Barriers: Dependent under 18; Lacks access to transportation; Pregnant/ Parenting Youth; Long-term Agricultural Employment; Lacks work history



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"Type in Local Office Name"

"Type in Local Address"

*FCDP Support Services Category: Child Care*

Participant Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Program Year Cap: \$2,000	
Amount Approved Per Year:	
Amount Approved Per Month:	

- a. Monthly child care amount approved: \_\_\_\_\_
- b. Total months of child care approved: \_\_\_\_\_
- c. Total allowed for child care (a x b): \_\_\_\_\_

Client and counselor estimate cost of child care at 4,000 for the program year. Cap of 2K could be paid as a % of childcare each month (i.e., \$2000/12 = \$167) & difference could be picked by other funding sources.

Monthly Report:

Month / Year	Child Care Provider	Child's Name	Invoice #

Child care should be subsidized only if child care is a barrier to attending/participating in pre-approved training (**as detailed in IEP**) leading to employment.

The information above is documented at:

Case Notes Yes  No       Master Record Yes  No       Voucher Yes  No

Participant \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

Jun 1, 2016

Coordinator Approval \_\_\_\_\_

Date \_\_\_\_\_

**Instructions:**

1. Enter the Project Name and Local Address in Form Title
2. Enter the applicant's name on the first line followed by Enrollment Date.
3. Enter the total amount approved for this program year, not to exceed \$2,000 and the total amount approved per month, not to exceed \$167.
4. Monthly child care approved is the total allowed for the program year divided by 12. The number of months that the FCDP program will help participants with payments should be used for this calculation.
5. File a copy of the completed form in the Participant's Master Record.



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“Type in Local Office Name”

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**FCDP Support Services**

Participant Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**Support Categories:**

**Car Repair**

*Car Registration #	Driver’s License #	*VIN #	Total Cost	50% of the Cost
<small>\$1,000 Program Year Limit</small>			Payment Amount	

\*Vehicle must be registered to enrolled FCDP participant.

**Tools**  **Uniforms**

Training	Tools / Uniforms	Payment Amount

As required by training provider or employer.

**Bus Pass**

One-Day Pass	Month Pass	Bus Pass Number	Amount	Client Signature

Total Payment

Justification supporting the information above is documented in:

**Case Notes** Yes  No

**Master Record** Yes  No

**Voucher** Yes  No

Participant \_\_\_\_\_

Date \_\_\_\_\_

Counselor \_\_\_\_\_

Date \_\_\_\_\_

Coordinator Approval \_\_\_\_\_ Date \_\_\_\_\_



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FCDP Support Services

1. Participant Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

2. Support Categories:

Mileage Reimbursement  Basic Allowance Stipends  Related Assistance Stipends

Month: \_\_\_\_\_ Year: \_\_\_\_\_

3. Course Title	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
	Hours:		Hours:		Hours:		Hours:		Hours:		Hours:	
4. Map mileage claimed												
Instructor/School Official Signature and Date:												
Course Title	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
	Hours:		Hours:		Hours:		Hours:		Hours:		Hours:	
Map mileage claimed												
5. Instructor/School Official Signature and Date:												

*Three (3) consecutive days of unexcused absences will be grounds for suspension of the allowance payment. Participant's reinstatement of the allowance payment will be governed by satisfactory demonstration to abide with the established attendance policies.*

**NOTE: This program only pays Support Services for the student who attends classroom training. This program does not pay for online courses, homework, or any extra hours beyond the regular class schedule, unless it is justified by the training official.**

6.

Support Categories	Support Service Cost	Training Hours	Total of Miles	Total
Mileage Reimbursement	.20 per mile			
Basic Allowance Stipends	\$3.00 per hour			
Related Assistance Stipends	\$1.75 per hour			
7. Total Payment this Month				

Jun 1, 2016

8. Justifications supporting the above services is documented at:

Case Notes Yes  No

Master Record Yes  No

Voucher Yes  No

Participant's Signature: \_\_\_\_\_

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

Counselor Signature: \_\_\_\_\_

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

Counselor Approval: \_\_\_\_\_

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

**Instructions:**

1. Enter the applicant's name on the first line followed by Enrollment Date.
2. Select the support Category that the program is going to provide (you can select more than one category)
3. Enter Course or Training.
4. Enter mileage to be reimbursed to and from training activities
5. Instructor or School official needs to signed and dated
6. Fill the information according with the Support Services provided
7. Total payment amount for the month
8. The support services justification need to be documented.