



**SAN JOAQUIN COUNTY WORKNET
 EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
 POLICIES AND PROCEDURES DIRECTIVE**

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
25-19	February 25, 2026	CMD, FMD, GMD	1 of 8
SUBJECT: WIOA SUPPORTIVE SERVICES			

I. PURPOSE

The purpose of this directive is to establish clear policies and procedures for San Joaquin County Employment and Economic Development Department (EEDD) staff regarding the provision of supportive services to individuals enrolled in Workforce Innovation and Opportunity Act (WIOA) programs administered by EEDD. This includes Adults, Dislocated Workers, and Youth program participants. Supportive services are intended to enable program participants to successfully participate in and complete WIOA-funded activities that lead to employment and long-term self-sufficiency. This directive is intended to ensure supportive services are provided in a manner that promotes equity, removes barriers to participation, and supports successful completion of WIOA activities, consistent with state and federal monitoring standards.

II. GENERAL INFORMATION

Supportive services may be provided only when necessary to enable an individual to participate in WIOA Title I career or training services. For Adult and Dislocated Worker participants, supportive services are not permitted during follow-up after exit. For Youth participants, supportive services may also be provided during follow-up for up to 12 months post-exit if necessary to retain employment or continue training. All supportive services must be documented in CalJOBS and aligned with the participant's Individual Employment Plan (IEP) or Individual Service Strategy (ISS).

This directive supersedes PPD D-20 Rev.1, dated January 3, 2022.

References

- [Workforce Innovation and Opportunity Act \(WIOA\) of 2014, Sections 3\(59\),129\(c\)\(2\)\(G\), 134\(d\)\(2\) and \(3\)](#)

- Title 20 Code of Federal Regulations (CFR), [Sections 680.200 – 680.350](#), [680.900](#), [680.910](#), [680.920](#), [681.570](#), [685](#)
- [TEGL 19-16](#), Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules
- [TEGL 10-16, Change 3](#), Performance Accountability Guidance for Workforce Innovation and Opportunity Act (WIOA) Core Programs
- [TEGL 9-22](#), Workforce Innovation and Opportunity Act Title I Youth Formula Program Guidance
- [WSD 24-05](#), CalJOBS Activity Codes

Definitions

Adult/Dislocated Worker: Enrolled in Individualized Career Services or Training Services.

Youth: Participants ages 16–24 enrolled in WIOA Youth Program.

Emergency Supportive Service: An immediate need that, if unmet, prevents participation in WIOA activities or employment.

III. POLICY

EEDD will provide supportive services to eligible participants to overcome barriers to employment and achieve successful outcomes. Services must comply with federal and California WIOA regulations, and local board guidance. Supportive services must be reasonable, necessary, allowable, and allocable, and must be provided in the most cost-effective manner. Supportive services may not supplant services otherwise available through partner programs or public assistance and must not duplicate benefits available from other sources.

IV. PROCEDURE

A. Allowable Supportive Services

While the following supportive services are allowable under WIOA and may be provided, the San Joaquin County Workforce Development Board reserves the right to limit or not offer certain categories based on local funding availability, partner resources, and board-approved priorities. Any such limitations shall be applied consistently and in a nondiscriminatory manner in accordance with WIOA Section 188. Staff must confirm the availability of funding with the Division Manager prior to authorizing supportive services. When supportive services are not provided directly, participants will be informed of and referred to available community resources.

Service Category	Eligible Participants	Limitations / Notes	Reference
Transportation	Adults, Dislocated Workers, Youth	Bus passes/tickets, mileage reimbursement (valid license/insurance), driver's license fees, bicycles (1 per participant); most economical method required	WIOA, §680.900; CalJOBS Activity Codes 181/481/F12
Childcare/ Dependent Care ¹	Adults, Dislocated Workers, Youth	Case-by-case; must document financial need and provider;	WIOA, §680.910; CalJOBS Activity Codes 180/480/F17
Housing Assistance ²	Adults, Dislocated Workers, Youth	Temporary housing assistance is limited in duration and scope and must be directly tied to enabling participation in WIOA activities or employment. Housing assistance does not include rental deposits, mortgage payments, or property acquisition.	WIOA, §680.920; CalJOBS Activity Codes 184/488/F15
Employment-Related Expenses	Adults, Dislocated Workers, Youth	Hygiene items, tools, licenses, permits, employment application/certification fees, uniforms/clothing (limit 1–2 sets), interview clothing	WIOA, §680.900; CalJOBS Activity Codes 188/487/F13-F14
Food Assistance	Youth only	Food assistance is short-term, directly related to program participation, and provided only when necessary to enable participation in	WIOA §129(c)(2)(G); CalJOBS Activity Codes 485

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. This program is substantially funded by federal funding. For more information go to: www.sjcworknet.org/WIOAresources.asp

		required WIOA Youth activities. Documentation must reflect attempts to access other available resources.	
Medical/ Prescription	Adults, Dislocated Workers, Youth	Eyeglasses, physical exams, drug testing, immunizations, health screenings	WIOA, §680.900; CalJOBS Activity Codes 182/482/F18
Reasonable Accommodations	Adults, Dislocated Workers, Youth	Hearing aids, wheelchairs, other disability-related accommodations	ADA, WIOA, §680.900
Legal Aid	Adults, Dislocated Workers, Youth	Legal aid must be limited to costs necessary to obtain or retain employment and must not include legal representation unrelated to employment eligibility.	WIOA, §680.900
Training-Related Expenses ³	Adults, Dislocated Workers, Youth	Tuition not covered by ITA/other aid, tools, school fees, lab/computer fees, books, uniforms	WIOA, §680.200–§680.350; CalJOBS Activity Codes 191/493/F21-F22
Needs-Related Payments ⁴	Adults, Dislocated Workers, and eligible Youth (co-enrolled)	Needs-Related Payments are a form of participant financial assistance authorized under WIOA Section 134(d)(3) and 20 CFR 680.930–680.970 .	WIOA §134(d)(3); 20 CFR 680.930–970; CalJOBS Activity Code 326 or 491
Linkages to Community Services	Adults, Dislocated Workers, Youth	Case-by-case referrals to partner programs	WIOA, §680.900; CalJOBS Activity Code 492

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- ¹ Refer to the policy directive: *Childcare and Dependent Care Services*.
- ² Due to limited funding, these services are not currently offered.
- ³ Tuition not covered by ITA/other aid requires Division Manager approval and can only be allowed when there is a documented gap, short-term course, or training requirement not eligible for ITA, and the supportive service payment is necessary for the participant to complete training or enter employment.
- ⁴ Refer to the policy directive: *Needs-Related Payments*.

B. Eligibility Criteria

Supportive services are provided if all criteria are met:

1. Participant is enrolled and actively participating in WIOA Individualized Career or Training Services.
2. Documented need in IEP or ISS.
3. Other resources are exhausted; financial need substantiated.
4. Service is provided concurrently with career/training service.
5. For Adult participants, priority of service determinations must be documented in CalJOBS in accordance with WIOA §134(c)(3)(E) and local priority of service policy.

C. Approval and Documentation

Manager/Designee Approval required for all supportive services.

Documentation must include:

- Financial Analysis Budget in IEP (Attachment 1)
- Supportive Needs Section of IEP or ISS
- Request for Goods/Services (itemized, vendor, justification) (Attachment 2)
- One price quote from a reasonable source is acceptable. If available, two quotes may be obtained to ensure cost-effectiveness, but it is not required. (Attachment 3)
- Bus Pass Issuance Log (Attachment 4)
- CalJOBS Enrollment Verification
- Evidence of Exhaustion of Other Resources

All supportive service determinations must be fully documented prior to issuance and must clearly demonstrate the necessity of the service, the relationship to program participation, and compliance with applicable cost limitations. Once documentation is complete, it is submitted to the manager/designee for signature approval and forwarded to Fiscal.

Supportive services must be entered into CalJOBS accurately and consistently with source documentation within five working days. Entries must support monitoring review and fiscal validation, including:

1. Activity Code: Use the appropriate activity code for the supportive service.
2. Case Note: Include a description of the supportive service provided and any related activities.
3. Activity Code Dates: Reflect the date the supportive service was issued.
4. Corresponding Career Service Code: Ensure the supportive service activity code corresponds with the career service activity code in CalJOBS.
5. Funding Stream Consistency: Both supportive service and corresponding career service codes must be coded to the same funding stream.

The following activity codes will be used in CalJOBS when a Supportive Service payment is made on behalf of the Adult/Dislocated Worker. [WSD24-05](#) provides a description of the Supportive Services categories outlined below.

- 180 – Child/Dependent Care
- 181 – Transportation Assistance
- 182 – Medical Services
- 183 – Incentives/Bonuses
- 184 – Temporary Shelter
- 185 – Other
- 186 – Seminar/Workshop Allowance
- 187 – Job Search Allowance
- 188 – Tools/Clothing
- 189 – Housing assistance
- 190 – Utilities
- 191 – Educational Testing
- 192 – Post-Secondary Academic Materials

D. Missing Documentation/Receipts Process

1. Initial contact documented in CalJOBS.
2. Follow-up letter if documentation is not received within 10 business days; suspension of services until resolved.
3. Requests for additional services require written approval from Client Management Division Manager.

E. Follow-Up Services

Adult/Dislocated Workers: Follow-up supportive services for Adults and Dislocated Workers are not permitted during follow-up after exit, consistent

with [TEGL 19-16](#), [TEGL 10-16](#), and [20 CFR § 680.910](#), which limit supportive services to participants actively engaged in career or training activities.

Youth: Supportive services may be provided up to one-year post-exit if necessary to retain employment or continue training.

The following activity codes shall be utilized in CalJOBS when a Supportive Service payment is made on behalf of a youth participant that is not in follow-up. Refer to [WSD24-05](#) for a detailed description of the Supportive Services categories outlined below.

- 480 – Child/Dependent Care
- 481 – Transportation Assistance
- 482 – Medical Services
- 483 – Temporary Shelter
- 485 – Other
- 487 – Tools/Clothing
- 488 – Housing Assistance
- 489 – Utilities
- 490 – Educational Testing
- 492 – Linkage to Community Services
- 493 – Post-Secondary Academic Materials

F. Limitations/Prohibitions

Supportive services may not include:

- Fines or penalties
- Legal fees or bad debts
- Entertainment, alcohol, tobacco, marijuana products
- Personal items for family/friends
- Firearms or ammunition
- Rental deposits or property acquisition
- Memberships, dues, subscriptions (unless required for training/employment)
- Any costs that are not allowable, reasonable, necessary, or adequately documented under WIOA, federal regulations, state guidance, or this directive are prohibited.

G. Equal Opportunity, Accessibility, and Grievance Rights

Supportive services shall be provided in compliance with WIOA Section 188 and applicable nondiscrimination and equal opportunity requirements. Participants shall have access to supportive services without discrimination based on protected characteristics.

Participants may file a grievance or complaint regarding supportive service determinations in accordance with EEDD's grievance procedures.

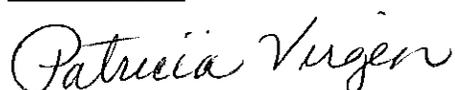
V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV:jl

Attachment 1: Budget Worksheet

Attachment 2: RGS

Attachment 3: Small Purchase Quotes and Documentation

Attachment 4: Bus Pass Log

FINANCIAL ANALYSIS:

CLIENT NAME

DATE

Number of individuals dependant upon your income

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MONTHLY RESOURCES:

- 1 Wages (**Self or Spouse**)
- 2 Child/Spousal Support (**Circle income that applies**)
- 3 Workmen's Comp./UI (**Circle income that applies**)
- 4 SSA, Retirement, Pension (**Circle income that applies**)
- 5 TANF
- 6 Food Stamps
- 7 Other

A. TOTAL MONTHLY RESOURCES

\$ - **A**

COST OF LIVING:

Actual

1	HOUSING:	Rent	<input type="text"/>		
		Mortgage/Insurance/Property Tax	<input type="text"/>		
		Telephone/Cellphone	<input type="text"/>		
		Gas/PG&E	<input type="text"/>		
		Water & Sewage	<input type="text"/>		
		Cable	<input type="text"/>		
		Internet	<input type="text"/>	\$ -	1
2	FOOD:	Groceries	<input type="text"/>		
		Lunch Money	<input type="text"/>	\$ -	2
3	CLOTHING:	Self & Dependants	<input type="text"/>		
		Diapers	<input type="text"/>	\$ -	3
4	PERSONAL EXPENSES:	Toiletries/Haircuts	<input type="text"/>		
		Laundry/Cleaning Products	<input type="text"/>	\$ -	4
5	MEDICAL:	Medi-Cal recipient?	<input type="text"/>		
		Doctor/Dentist Bills	<input type="text"/>		
		Prescription/Medicine	<input type="text"/>	\$ -	5
6	TRANSPORTATION:	Car Payment	<input type="text"/>		
		Car Insurance	<input type="text"/>		
		Gas, Oil, Upkeep	<input type="text"/>		6
		License & Reg Fee	<input type="text"/>	\$ -	
7	EDUCATION & RECREATION:	Entertainment	<input type="text"/>	\$	
		Tuition	<input type="text"/>	\$ -	7
		Books or Tools	<input type="text"/>	\$	
		Uniforms	<input type="text"/>		
8	CHILD CARE:		<input type="text"/>	\$ -	8
9	CREDIT CARDS, OUTSTANDING DEBTS				
		Institution	Balance	Monthly Payments	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	
				\$ -	9
B	TOTAL COST OF LIVING (Add items 1-9)			\$	B
C	BALANCE (A-B)			\$	C

I hereby certify that the information above is true, and correct. (Signature) _____
 Live with Family and Friends, and no income
 Budget, and expenses have been revisited, and there are no changes on income as of this date _____



REQUEST FOR GOODS AND SERVICES - SUPPORTIVE SERVICES

Request Date: _____

Need By Date: _____

Requested By: _____

Out of School Youth	In School Youth	NFJP
WIOA Adult	WIOA D/W	Other

Approved By: _____

CalCard	Voucher	Petty Cash
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QTY	UNIT	DESCRIPTION (Give Size, Color, Name, Stock No., Sample)	ITEM COST	TOTAL COST	FMD USE ONLY RGS NO.
Total					
Tax & fees					
Total					
Is participant co-enrolled? Yes No					
Primary Grant _____ Secondary Grant _____					

Vendor Name: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Participant's Name: _____ Case No: _____

Justification: _____

Cost Estimate: _____

PLEASE ATTACH THE FOLLOWING: Quote(s) Budget CalJOBS Printout (Round To The Dollar)

FMD USE ONLY

92: Training 93: Other 94: Leveraged

County Account No.: 6221024800

Method: 3 Pool: 999

4840 - 46 - _____ - _____ - 99

_____ - 46 - _____ - _____ - 99

Available: _____ Allowable/Proper Justification: _____ Date: _____

SMALL PURCHASE QUOTES & DOCUMENTATION

Procedural Requirements: **Price** quotations shall be secured for each small purchase transaction and the identification of sources and solicitation of quotes must be supported by documentation based on the following requirements:

DOLLAR RANGE OF PURCHASE	CONTACTS AND METHOD
\$0 through \$9,999.99	<p>One or more documented quotes</p> <p>Source of quote (check one or more)</p> <p> <input type="checkbox"/> Prior receipts (within one year) <input type="checkbox"/> Written quote from vendor <input type="checkbox"/> Product or Service Catalog <input type="checkbox"/> Current Price List <input type="checkbox"/> Telephone contact with vendor to obtain quote: </p> <p>Vendor Name: _____</p> <p>Contact Person: _____ \$ Quote: _____</p> <p>Staff Signature: _____ Date: _____</p> <p>Vendor Name: _____</p> <p>Contact Person: _____ \$ Quote: _____</p> <p>Staff Signature: _____ Date: _____</p>
\$10,000 through \$49,999.99	<p>Two (2) or more written quotes**</p> <p>Request for Quote (RFQ) is required for small purchases in this dollar range</p> <p> <input type="checkbox"/> RFQ was provided in writing <input type="checkbox"/> RFQ specifies the quantity, timeframes and all the requirements of the product being sought <input type="checkbox"/> Sole Source (attach sole source justification) </p> <p>REQUEST FOR QUOTE (RFQ) MUST BE COMPLETED AND ATTACHED</p>
\$50,000 or more	<p>For transactions of \$50,000 or more, the sealed bid or competitive proposal must be used.</p> <p>If only one proposal is obtained and that proposal is deemed to be responsible, then the noncompetitive or sole source process may be used.</p>

** Unless sole source justification.

SMALL PURCHASE QUOTES & DOCUMENTATION

Procedural Requirements: **Price** quotations shall be secured for each small purchase transaction and the identification of sources and solicitation of quotes must be supported by documentation based on the following requirements:

DOLLAR RANGE OF PURCHASE	CONTACTS AND METHOD
<p>\$0 through \$9,999.99</p>	<p>One or more documented quotes</p> <p>Source of quote (check one or more)</p> <p><input type="checkbox"/> Prior receipts (within one year)</p> <p><input type="checkbox"/> Written quote from vendor</p> <p><input type="checkbox"/> Product or Service Catalog</p> <p><input type="checkbox"/> Current Price List</p> <p><input type="checkbox"/> Telephone contact with vendor to obtain quote:</p> <p>Vendor Name: _____</p> <p>Contact Person: _____ \$ Quote: _____</p> <p>Staff Signature: _____ Date: _____</p> <p>Vendor Name: _____</p> <p>Contact Person: _____ \$ Quote: _____</p> <p>Staff Signature: _____ Date: _____</p>
<p>\$10,000 through \$49,999.99</p>	<p>Two (2) or more written quotes**</p> <p>Request for Quote (RFQ) is required for small purchases in this dollar range</p> <p><input type="checkbox"/> RFQ was provided in writing</p> <p><input type="checkbox"/> RFQ specifies the quantity, timeframes and all the requirements of the product being sought</p> <p><input type="checkbox"/> Sole Source (attach sole source justification)</p> <p>REQUEST FOR QUOTE (RFQ) MUST BE COMPLETED AND ATTACHED</p>
<p>\$50,000 or more</p>	<p>For transactions of \$50,000 or more, the sealed bid or competitive proposal must be used.</p> <p>If only one proposal is obtained and that proposal is deemed to be responsible, then the noncompetitive or sole source process may be used.</p>

** Unless sole source justification.

BUS PASS ISSUANCE LOG

Indicate Bus Pass Type: 10-Ride Single

TO BE COMPLETED IN INK

Passes issued to Agency / EEDD Staff:

Bus Pass Number	Date Issued	By	Participant's Name (Printed) Participant's Signature	Participant's Social Security # Component #	Date Authorized From/To	Rides Per Day	Grant/Fund
					F: T:		
					F: T:		
					F: T:		
					F: T:		
					F: T:		
					F: T:		
					F: T:		
					F: T:		
					F: T:		
					F: T:		

The undersigned hereby certifies that this Bus Pass Log is in accordance with the contract agreement terms for participant's Transportation Subsidy and that verifiable attendance is maintained for reference/audit review.

Agency/EEDD Staff Signature _____ Date _____