

## Local Plan Modification Transmittal Form

To Be Completed by LWDB		STATE USE ONLY	
<b>LWDB:</b>	<b>Region 10</b>	<b>Date Received:</b>	
<b>Date Submitted:</b>	<b>May 30, 2019</b>	<b>Date Approved:</b>	
<b>Provide a description of Local Plan changes below:</b>		<b>Effective Date:</b>	
		<b>Title I Rep:</b>	

Add the following to the Region 10 Local Service Plan:

**1. Geographical Preference for Enrollment Policy and Procedures:**

The Geographical Preference for Region 10 is that the participant must be a resident within the following counties: Benton, Linn, Jones, Johnson, Iowa, Washington and Cedar. Preference is also given to those living outside of the region, but the Region 10 One Stop or satellite offices are the closest location to access America's Job Center services. For individuals living outside of these boundaries who request assistance from Region 10, approval must be requested from the WIOA region of residency and documented in the data management system.

**2. Eligibility Determination Policy for Participation of Minors:**

The Region 10 LWDB does not authorize any additional responsible adults outside of those mentioned in the State Policy to authorize program participation for minors.

State Policy states: Another responsible adult may include-

- A relative with whom the individual resides,
- An adult who has been delegated custodial or administrative responsibilities in writing, either temporarily or permanently, by parents or by an appropriate agency,
- An agency or organization representative who is in a position to know the individual's circumstances (i.e., that they could not get a parent's or guardian's signature authorizing participation), for example, a clergy person, a school teacher or other school official, a probation or other officer of the court or foster parent.
- A representative of an agency which provided support services to the individual and who is aware of the individual's circumstances (i.e., that they cannot get a parent's or guardian's signature authorizing participation), for example, a social worker, a homeless shelter official, a child protective worker, a health clinic official; or
- Other responsible adults to be appropriate to authorize the individual's participation, as defined in policy by the Local WDB.

**3. Ineligibility to Receive Services:**

On the date that an individual is found ineligible to receive services, the individual will be mailed a letter stating why they are ineligible and providing them 30 days to respond to correct the ineligible status. A final determination will be made after the 30 days have expired and the individual will be mailed a letter within 5 business days stating the final determination of services.

**4. Closure of Services Due to Fraud:**

On the date that an individual is found to have committed or attempted to commit fraud to receive services, the individual will be mailed a letter stating the determination and provide them 30 days to respond to the fraud status. A final determination will be made after the 30 days have expired and the individual will be mailed a letter within 5 business days stating the final determination of services. At time of final determination services will be closed.

#### **5. Screening and Selection of Adult Mentors:**

The following is the selection and screening process for Adult Mentors in Region 10:

- a) Mentors must be at least 25 years of age.
- b) Mentors must complete a Kirkwood Community College background check. Background check must be completed within 90 days of beginning mentorship and updated annually thereafter.
- c) Mentor must complete a mentorship application, confidentiality statement, and pass background check results.
- d) Mentor must complete an interview with a youth workforce consultant.

Region 10 may partner with other Agencies certified in Adult Mentoring Services.

#### **6. Objective Assessment:**

Region 10 will utilize one or a combination of the following assessments as part of the Objective Assessment Process: TABE, CASAS, Aleks, Accuplacer, Career Coach, NCRC, O\*Net Interest Profiler, CAPS/COPS/COPEs, Myers Briggs. Assessment tools are evaluated on an ongoing basis by the service provider. The selection/addition of actual instruments will occur throughout the course of enrollment.

#### **7. Support Services:**

Support service payments may be provided, when necessary, to enable a participant to participate in a WIOA Title I activity or a partner activity. Support service payments can be made only when the participant is unable to obtain the service through other programs providing such services. The American Job Center partners will work in conjunction to ensure that duplication of services does not happen for dual enrolled participants. There is a support cap maximum per each support service option. Support caps can be altered with written permission from the Director or Operations Manager of Kirkwood's Skills to Employment. Training and Support Services cannot exceed \$6,000 per year.

The following are additions to the currently allowed support services.

#### **Educational Assistance (EST)**

Assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes is allowable. EST services plus training services may not exceed \$6,000 per year.

#### **Educational Testing (EDT)**

Assistance with educational testing required for participation in WIOA Title 1 activities is allowable. Some examples of educational testing include, but are not limited to, high school equivalency testing and vocational testing. If required for employment, the costs for licenses and application fees are allowable. Maximum expenditure is \$400.00 per participant.

#### **Youth Incentive Payments (YIP)**

Incentive payments to youth participants are allowed for recognition and achievement directly tied to training activities and experiential learning activities. Incentive payments must be: (a) Tied to the goals of the specific program; (b) Outlined in writing before the commencement of the program that may provide incentive payments; (c) Align with the local program's organizational policies; and (d) In accordance with the requirements contained in the Uniform Administrative Requirements 2 CFR 200.

**Region 10 YIPs are as follows:**

1	Leadership and RBS Activities	Participation in scheduled series as follows: 4 hours 8 hours 12 hours 16 hours 20 hours	\$ 20 Gift Card \$ 40 Gift Card \$ 60 Gift Card \$ 80 Gift Card \$100 Gift Card
2	High School Completion/GED	Successful completion of high school diploma or GED	\$200.00 Gift Card
3	Academic Achievement	Attainment of As and Bs as verified by copy of report card	\$10.00 Gift Card - B \$20.00 Gift Card - A
4	Achievement of Skill Attainment Goal	As identified in the ISS	\$100.00 Gift Card
5	Employment retention	Successful completion of at least 300 work hours per quarter	\$100 Gift Card per quarter (maximum of three quarters - \$300)

**8. Additional Assistance for Youth Policy:**

Region 10 identifies the following categories for Youth Needing Additional Assistance in addition to those outlined in State Policy: Father of an unborn child, Out of School youth with no work history.

**9. Economic Self-Sufficiency:**

Region 10 adopts the State Standard for Economic Self-Sufficiency.

**10. Underemployed Individuals Policy:**

Region 10 outlines the following criteria to qualify as an Underemployed Individual under the Adult and Dislocated Worker Programs:

1. Currently employed on a less than full time basis and is seeking full time employment.
2. Currently in a position that is below their level of skills and training.
3. Currently does not meet the definition of a low-income individual, but their current job's earnings are not sufficient compared to their previous job's earnings from their previous employment. Must be at 80% or below previous earnings.

**11. Individualized Career Services Policy:**

Region 10 will utilize the following assessments when necessary to determine eligibility:

1. TABE and/or CASAS

These assessments are approved for use by the National Reporting System.

**Region 10 - Local Workforce Development Board**  
**Title IB Program Policy Assurances**

We affirm that the required policies, procedures, and strategies have been developed and disseminated in compliance with the Workforce Innovation and Opportunity Act and the Title IB policies established by Iowa Workforce Development.

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**CEO Chair Printed Name**

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**LWDB Chair Printed Name**

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**Signature**

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**Signature**

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**Date**

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**Date**