

Supportive Services

The Provider will authorize supportive service payments by check, money order, or cash to the participant or service provider. All issuances must be clearly documented in each participant's case file. The Provider must maintain receipts signed and dated by the customer to verify issuance of each supportive services payment. Documentation of each issuance must include the amount, purpose and period covered. Monthly financial accounting for all monies disbursed will be required in a format specified by the Department.

The Provider will designate supervisory level staff to review and approve supportive services requests when "Supervisory approval is required." A copy of the approval document must be retained in the customer's case file.

The following rates are subject to change. Providers will receive written notification of any supportive service payment policy and/or rate change.

1. **Transportation**

Transportation expenses are authorized as an advance payment to participants for travel necessary to get to and from approved activities.

The transportation allowance covers activities such as: Work Experience; Work First; job clubs; approved education and training; assessment interviews; job retention meetings; counseling and treatment needed to eliminate barriers to employment such as domestic violence, substance abuse treatment, mental health treatment; job interviews arranged by the Provider for the participant (except employer contact activities which are covered by the Job Search allowance); scheduled appointments and activities arranged by the Provider; and locating suitable child care and taking children to child care, if appropriate.

Transportation is paid at the most reasonable and economical rate. In urban areas where public transportation is available, the amount of the actual fare for each trip is authorized, or the cost of a monthly pass, whichever is less. If the customer must use more than one form of transportation: for example, customer uses the bus and the Metra train, allow the most reasonable total cost for the trip.

In areas where public transportation is not available and/or the participant must use a privately owned vehicle or pay someone for transportation, a flat \$30 per month for round trip transportation less than 10 miles per day, \$45 per month for round trip transportation from 10 to 20 miles per day, or \$60 per month for round trip transportation more than 20 miles per day is authorized. This allowance for private transportation covers all vehicle related expenses, except as noted under Item 5.

Employed Customers - Allow transportation expenses for employed customers who have not yet received their first paycheck. Ongoing job related transportation expenses are covered under the 2/3 income deduction, except as noted under Item 5.

Under special circumstances, payment for transportation expenses may be made for job related transportation expenses after the customer receives their first paycheck to ensure the customer keeps their job. **Supervisory approval is required.**

2. **Mandatory Fees**

Mandatory fees up to a total maximum of \$300 per 12-month period from the month of request may be authorized if required for participation in an approved education/training activity. **Payment for tuition cannot be authorized.**

Provide payment for mandatory fees, including application, registration, activities, laboratory, graduation and testing fees (such as to obtain a GED certificate or to take a state board examination).

3. **Books and Supplies**

Books, supplies and equipment, payable as needed, up to a maximum of \$300 per 12-month period from the month of request, may be authorized if required for participation in an approved education/training activity.

Provide payment for books, supplies, and equipment purchased in accordance with the facility's published list of items required for the approved education/training program in which the participant is enrolled.

4. **Child Care**

Ongoing child care is provided by the Child Care Resource and Referral (CCR&R) agency. Refer the participant to the CCR&R using the Child Care Application (Form 3455) with the Responsibility and Services Plan (Form 4003).

A temporary child care need can be provided by the Provider when needed for employment or as a one-time temporary need for **no more** than 30 days. Payment must be authorized in accordance with the rates established by the Department.

Child care must be provided through a legal care arrangement by which all child care providers must be at least 18 years of age, the provider cannot be a responsible relative of the child, and care must be provided in or by one of the arrangements outlined on page 4 of the Child Care Application (Form 3455).

Child care may be provided for children under age 13 or children age 13 or older who need the care because of a physical or psychological condition or court ordered supervision.

Payment for child care must be authorized in the child care provider's name and mailed to the provider's address. Note on the check to the provider and check stub the name and case number of the participant for whom the child care is authorized.

Customers are responsible for a child care co-payment. The child care co-payment amount depends upon gross annual income, family size and the number of children needing care. The customer's co-payment must be deducted from the amount the Provider issues for child care. The customer's co-payment for child care needed during the first 30-day period on a job may be issued as a supportive service, if requested by the customer.

For a full month, use the monthly co-payment amount shown in the attached charts. For less than a full month, use the weekly co-payment amount times the number of weeks. If the child care provided is less than 5 hours a day, the client's share is 50% of the full co-payment amount. The number of children shown on the chart is the number of children *receiving* child care, not the number of children in the family or case.

A Provider cannot authorize child care payments to themselves. In these situations, payments will be authorized by the Child Care Resource and Referral agency, if child care is needed.

For care less than 5 hours in a day, use the part-day rate or the actual cost, whichever is less; for care 5 through 12 hours in a day, use the full-day rate or the actual cost, whichever is less. For care in excess of 12 hours in a day, use the full-day rate for the first 12 hours and the part-day rate for the remainder for care provided less than 17 hours in a day or the full-day rate for the remainder for care provided from 17 through 24 hours. Use the school age day rate for day care centers when the child is cared for before or after school (i.e., latch key kids).

Under special circumstances, payment may be made for child care costs over the stated maximums to ensure that an employed customer keeps the job.

When all eligibility factors are met, payment for child care services begins on whichever of the following dates is later:

- the date of the client's signature;
- one week (7 calendar days) prior to the stamped date of receipt of a signed application by the Department or its agent; or
- the date the child care provider actually begins providing child care services, if the application is received in advance of services being provided.

5. Expenses with Cash and Time Limits

Total payments for expenses with time and cash limits for one (1) customer cannot exceed \$1,200 in any 12-month period *without the approval of the Provider Manager*. Some of these expenses also include individual limits.

Obtain one (1) estimate for the purchase or repair of items listed in this section. If the estimate is over \$100, obtain a second estimate. For items \$100, or less, an informal estimate may be used (TV, newspaper or radio ads). Authorize the least expensive item(s).

- Special clothing such as uniforms or outsized clothing needed for the customer to meet a dress code for an activity or employment (\$600 in 12 months).
- Required tools not provided by the employer (\$600 in 12 months).
- Auto license plate fees.

- Auto liability insurance at the least costly rate but not over \$675 in any 12 months or the cost of 9 months insurance coverage, whichever is less.
- Security deposit for the driver of a car pool vehicle to transport a group of workers to a work site or a group of customers to an activity site.
- Items or services purchased to assist the customer in meeting Illinois Department of Children and Family Services (DCFS) child care licensing requirements (maximum \$900 in any 12 months). These include but are not limited to:
 - fire extinguisher,
 - smoke alarm,
 - first aid kit,
 - installation of a telephone.

Supervisory approval is required.

- Expenses required to start up a micro enterprise, approved as a self-employment activity, that is likely to generate income. **Supervisory approval is required.**
- Other required items related to the specific job (maximum \$900 in any 12 months). **Supervisory approval is required.**
- Repair of an auto (maximum \$900 in any 12 months). **Supervisory approval is required.** Do not approve a request for payment of automobile repairs unless:
 - The customer has no other available and suitable form of transportation to and from the job site or work and training activity.
 - The customer is unable to report to the job site or the work and training activity unless the auto is repaired.
 - The customer has a valid driver's license and provides proof that he/she has or can get insurance.
 - The automobile, when repaired, will be suitable for the purpose intended. No other obvious mechanical defect has been observed.
 - The title and license of the automobile are in the name of the customer or their spouse who lives in the home.

Payment may not be issued to buy firearms, to pay bail bonds or traffic tickets.

Approval of Provider Manager

Requests to exceed the \$1,200 limitation must be justified in writing. The Provider may fax/mail a memorandum to the Provider Manager requesting an exception to policy. The Provider Manager will provide a written disposition. A copy must be retained in the customer's case file.

6. Required Physical and Medical Services

Provide payment for required physicals and medical services if not paid for by another source such as the employer or training program and not available without charge from the Department of Public Health or another source. Provide payment when a physical is required before beginning a job or enrollment in an approved education or training program, whether or not the customer is accepted and enrolls in the program.

Provide payment for drug testing:

- Before sending a customer to an employer who drug tests all prospective employees.
- Before referring a customer to a work and training Provider who drug tests everyone before placing a customer in a program.

7. Background Checks

Authorization for conviction background checks may be provided for participants if required by an employer or Work Experience/Work First sponsor when the employer requires the same checks for regular employees for the same type of job or work experience to be done by the customer. (The usual charge is \$10.)

SUPPORTIVE SERVICES ISSUED BY DEPARTMENT TANF STAFF ONLY:

8. Job Search Allowance

For participants who are required to make employer contacts looking for a job, a flat \$20 per month Job Search Allowance is paid to help meet the cost of completing 20 employer contacts each calendar month. The Job Search Allowance covers transportation for job search, postage stamps, telephone calls, copying resumes, etc. and cannot exceed the flat \$20 per calendar month.

9. Work Activity Allowance

For participants who are required to participate in Work Experience, Work First or Community Service, a flat \$20 per month Work Activity Allowance is paid. The Work Activity Allowance covers such items as nylons, hair cuts, shaving supplies, etc. and cannot exceed the flat \$20 per calendar month.

Customers who are not engaged in Work Experience, Work First or Community Service are **not** eligible for the Work Activity Allowance.

10. Optical Services

Authorization for an eye examination and for eyeglasses can be provided for participants who need glasses for work, education, and training activities if not covered under the MediPlan card.

11. Dental Services

Authorization for dental services, not covered under the MediPlan card (routine office visits, preventive services, cleaning, fluoride treatment, cosmetic dental services, orthodontia, partial dentures and full dentures for cosmetic reasons) can be provided when the customer needs the service to get or keep a job or to take part in a work and training activity. These dental services include repair or replacement of noticeably missing or malformed teeth and other dental procedures that remove barriers to employment.

12. Relocation Expenses

Relocation expenses may be provided to help a customer move to accept employment elsewhere. Do not approve payment for relocation expenses unless the customer has a verified job. Payment is limited to:

- the cost of the rental of a do-it-yourself moving van; or
- one month's security deposit on a rental agreement. *Requires the approval of the Local Office Administrator.*

Payment for out of state moves may be considered if there are no suitable jobs available locally. *Requires the approval of the Local Office Administrator.*

REQUEST FOR SUPPORTIVE SERVICES - CANCELED CASES

During the 90/150 day retention period, the Provider may authorize supportive services for those customers who were assigned to the Provider at the time of the cancellation if:

- the case was canceled due to employment;
- the request is made within the first three fiscal months after the customer last received cash benefits; and
- the case is receiving a medical extension or has been swapped to Medical Assistance No Grant (MANG).