



Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

About the Trade Adjustment Assistance (TAA) Program

The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in firms hurt by foreign trade. Program benefits include long-term training while receiving income support. TAA provides both rapid and early assistance. Filing this petition is the first step in qualifying for benefits and assistance. After the petition is filed, the U.S. Department of Labor will determine whether a significant number or proportion of the workers of the firm have become total or partially separated or are threatened to become totally or partially separated, and whether imports or a shift in production to a foreign country contributed importantly to these actual or threatened separations and to a decline in sales or in production of articles. If a petition is approved and the workers are certified as eligible to participate in the TAA program, workers covered by a certification may contact their state workforce agency to apply for benefits. These benefits are provided at no expense to employers.

About the Alternative Trade Adjustment Assistance (ATAA) Program

Alternative Trade Adjustment Assistance (ATAA) for older workers is an alternative to TAA for trade affected workers 50 years of age or older. ATAA encourages qualified trade affected workers to quickly obtain full-time employment by providing a wage subsidy in lieu of training and income support. Submission of a completed Petition Form signifies a desire to file for both TAA and ATAA. If certified for both programs, workers will have the option of applying for TAA benefits and services and, if reemployment occurs within 26 weeks of the worker's separation, may be eligible to receive ATAA instead of TAA, if the worker desires.

Filing Instructions

- A group of three workers from the same firm, a union official, a state or local workforce agency representative in a local American Job Center (also known as a One-Stop Career Center or by a different name), an employer official, or a legally authorized representative must complete this Petition Form by answering all questions before submitting to the U.S. Department of Labor.
- You must date and submit the Petition Form **within 1 YEAR from the date on which the workers were separated or had their hours and wages reduced.**
- You must file the Petition Form with **both** the U.S. Department of Labor in Washington, DC **and** the State TAA Coordinator or the dislocated worker office of the state where the firm is located. To file with both the U.S. Department of Labor and the State TAA Coordinator, electronically file the Petition Form on-line at <http://www.eta-reports.doleta.gov/petition>.

To file with the U.S. Department of Labor, use one of the methods below:

Fax the completed Petition Form to 202-693-3585, **OR**

Mail the completed Petition Form to the U.S. Department of Labor at:

U.S. Department of Labor
Office of Trade Adjustment Assistance
200 Constitution Ave NW, Room N-5428
Washington, DC 20210

To file with the State TAA Coordinator or the State Dislocated Worker Unit or State Workforce Agency

Use the contact information below to find the appropriate filing address. If this Petition Form includes locations in different states, copies of this completed Petition Form must be filed in each state where firms are located.

Toll-Free Helpline: 1-877-US2-JOBS (TTY) 1-877-889-5627

Internet: <http://www.doleta.gov/tradeact/contacts.cfm#State>, or
<http://www.servicelocator.org>

For assistance in preparing a petition

Petitioners may receive assistance in preparing the petition at their local American Job Center, by contacting the U.S. Department of Labor in Washington, D.C. at 202-693-3560 (Main Number), or by contacting their State Dislocated Worker Unit or State Workforce Agency through the telephone numbers or internet addresses provided above ([29 CFR Part 90.11](#)).

To check petition status

To check the status of your petition, please visit:

<http://www.doleta.gov/tradeact/>

Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is required to obtain or maintain benefits (19 USC 2321 and 2271). Public reporting burden for this collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, and a state review. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor at the address provided above (Paperwork Reduction Project 1205-0342).

Exhibit 5-A



**Petition for Trade Adjustment Assistance (TAA) and
Alternative Trade Adjustment Assistance (ATAA)**

Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same firm completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	<i>Petitioner 1</i>	<i>Petitioner 2</i>	<i>Petitioner 3</i>
a) Name	_____	_____	_____
b) Title	_____	_____	_____
c) Street Address	_____	_____	_____
City	_____	_____	_____
State, Zip	_____	_____	_____
d) Phone – Main	_____	_____	_____
e) Phone – Alternate	_____	_____	_____
f) E-mail	_____	_____	_____
g) Worker Separation Date	_____	_____	_____
h) Petitioner Type:	Three Workers <input type="checkbox"/>	Company Official <input type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name_____)
(please check one)	State Workforce Office <input type="checkbox"/>	American Job Center <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	_____		

Section 2. Workers' Firm

Provide information on the firm employing the worker group. Complete items (a) – (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) – (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and American Job Centers may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm)

a) Name of Firm	_____
b) Street Address	_____
City	_____
State, Zip	_____
c) Phone	_____
d) Website (if known)	_____
e) Describe the article produced by this firm	_____
f) How many workers have been or may be separated (if known)?	_____
g) Is the firm or any part of the firm closing (if known)? If yes, when?	_____

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm	_____
i) Street Address	_____
City	_____
State, Zip	_____
j) Phone	_____
k) Describe the article produced by this firm	_____
l) How many workers have been or may be separated (if known)?	_____
m) Is the firm or any part of the firm closing (if known)? If yes, when?	_____



**Petition for Trade Adjustment Assistance (TAA) and
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Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, increased imports of articles, loss of business with a TAA-certified firm.)

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials, one of whom should be a dislocated worker's supervisor. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

	Official 1	Official 2
a) Name	_____	_____
b) Title	_____	_____
c) Phone – Main	_____	_____
d) Phone – Alternate	_____	_____
e) Fax	_____	_____
f) E-mail	_____	_____

Section 4. Affirmation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below and the Petition Form must be dated. By signing below, you agree to the following statements:

“I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete.”

a) Signature	_____	_____	_____
b) Name (Print)	_____	_____	_____
c) Date of Petition	_____	_____	_____

AGENCY FOR WORKFORCE INNOVATION
UNEMPLOYMENT COMPENSATION - TRA UNIT

TALLAHASSEE FL 32314

REQUEST FOR DETERMINATION OF ENTITLEMENT TO TAA/TRA

Trade Act of 1974, Amended 2001

FOR OFFICE USE

Trade Adjustment Assistance _____ TRA Entitlement _____

Petition # _____

Impact date _____

Expiration Date _____

STATEMENT REQUIRED UNDER THE PRIVACY ACT OF 1974 FOR THE TRADE ACT OF 1974 PROGRAM AMENDED

Information requested for use by the State Agency and the U.S. Department of Labor is authorized under Sec. 231 of the Trade Act of 1974, Amended 2001 and Section 806 of the Social Security Act (42 U.S.C. 1106). All information furnished (including Social Security Account Number) is voluntary and will be confidential except to the extent that release of all such information is authorized in the processing of this application and will not be released or used for any purpose other than for establishing entitlement to benefits and allowances under the Trade Act Program for statistical and research studies and to insure that benefits and allowances have been paid properly.

WORKER'S NAME (Last, First, Middle)	SOCIAL SECURITY NO.	AWI ONE STOP NUMBER
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ADDRESS (No., Street, City, County, State, Zip Code)	BYE (Date and State)	LAST OCCUPATION
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QUALIFYING PERIOD: (Dates to be entered by State Agency for 52 calendar week period ending with week of separation.)	Beginning Date	Ending Date
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A. SEPARATION AND WAGE INFORMATION FOR ADVERSELY AFFECTED EMPLOYMENT

(To be completed by worker only for the qualifying period shown above.)

1. NAME OF FIRM	2. ADDRESS OF FIRM (No., Street, City, State, Zip Code)
-----------------	---

3. DATES OF EMPLOYMENT From: _____ To: _____	4. NO. WEEKS EARNED \$30 OR MORE	5. DATE OF SEPARATION
---	----------------------------------	-----------------------

6. STATE OF SEPARATION	7. TYPE OF SEPARATION Total _____ Partial _____ ("X" one)	8. REASON FOR SEPARATION Lack of Work _____ Other (specify) _____ ("X" one)
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9. IF REASON FOR SEPARATION WAS FOR OTHER THAN LACK OF WORK, EXPLAIN.

B. RECORD OF EMPLOYMENT DURING PERIOD: (Date to be entered by State Agency. To be completed by worker for first 4 of last 5 completed calendar quarters. Start with your last employer and work back.)	Beginning Date	Ending Date
--	----------------	-------------

CALENDAR QTR. ENDING DATE	NAME(S) OF EMPLOYER(S)	GROSS WAGES PAID
		\$
		\$
		\$
		\$

OTHER QUALIFYING INFORMATION

(To be completed by worker by checking appropriate boxes. All "YES" answers must be explained.)

1. Did you work for any other employer after the employment shown in Section A? YES _____ NO _____

EMPLOYER'S NAME ADDRESS (No., Street, City, State, Zip Code)

DATE OF SEPARATION REASON FOR SEPARATION

2. Have you filed a request for a determination of entitlement to Trade Readjustment Allowances prior to this application? YES _____ NO _____

STATE IN WHICH FILED DATE FILED

3. Do you have entitlement to unemployment insurance benefits in the benefit year of your most recent unemployment insurance claim? YES _____ NO _____

PAYING STATE

4. Have you received unemployment insurance benefits or training allowances since the employment shown in Section A? YES _____ NO _____

PAYING STATE NAME OF PROGRAM

Since the employment shown in Section A, have you refused to accept referral to, or have you failed to report to a referred training program, or have you been terminated from any training program? YES _____ NO _____

STATE IN WHICH OCCURRED NAME OF PROGRAM

6. Are you now receiving any training? YES _____ NO _____

STATE IN WHICH TRAINING IS BEING CONDUCTED NAME OF PROGRAM

D. WORKER CERTIFICATION

I give this information to support my request for a determination of entitlement to Trade Readjustment allowances. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

SIGNATURE OF WORKER DATE OF THIS REQUEST

E. STATE AGENCY CERTIFICATION

I have witnessed the worker's signature shown and have discussed with the worker the statements made. Based upon my knowledge of the facts, the statements appear to be correct.

SIGNATURE OF STATE AGENCY REPRESENTATIVE DATE

FOR OFFICE USE:

Paying State is _____ based upon:
 _____ STATE OF SEPARATION
 _____ STATE OF UI ENTITLEMENT



PLEASE READ, COMPLETE AND SIGN

Name: _____ Social Security Number _____

I. Since your separation from _____ on _____
have you:

- A. Been able and available for work? _____ YES _____ NO
If no, complete the following questions:
- B. Been ill and/or hospitalized? _____ YES _____ NO
- C. Been out of town? _____ YES _____ NO
- D. Had childcare problems? _____ YES _____ NO
- E. Had transportation problems? _____ YES _____ NO

Explain nature of problems and dates you were not able and available:

II. A. Are you receiving any retirement income (other than Social Security)? _____ YES _____ NO

If yes, date payments began: _____ Amount: _____

Percent contributed by you _____ %

Name of employer: _____

B. Are you a U.S. citizen? _____ YES _____ NO

If no, please provide alien registration number: _____

III. A. Are you currently employed? _____ YES _____ NO

If yes, Date you began work: _____

Name of employer: _____

Claimant Signature _____ Date _____

AWI FORM UCB/TRA-344 (06/05)

Agency for Workforce Innovation
A Proud Member of America's Workforce Network
The Caldwell Building, Suite 229 • 107 East Madison Street • Tallahassee • Florida 32399-4135
Phone 850-245-7105 • Fax 850-921-3265 • (TTY/TDD 1-800-955-8771 – Voice 1-800-955-8770)
For more information go to www.floridajobs.org

An Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.



Charlie Crist
Governor
Cynthia R. Lorenzo
Director

[NAME OF COMPANY FROM CERTIFICATION]

Claimant _____

Petition Number [PETITION]

SS# XXX-XX-

NOTICE TO TRA CLAIMANT

Section 231 of the Trade Act of 1974, as amended, provides that as a condition for receiving Basic Trade Readjustment Allowances (TRA), **you must be enrolled in an approved training program or placed on a waiver from the training requirements prior to your “enrolled in training” deadline.**

That deadline is the later of:

- (1) the last day of the **26th week following the official date of separation** from the trade-affected employer, or
- (2) the last day of the **26th week after the date of Certification** issued by the Secretary of the U.S. Department of Labor. **The deadline is [_____].**

The Enclosed Application, ETA-855 should be completed and returned immediately.

In addition, you should contact your local TAA coordinator as soon as possible to complete a TAA Application and to receive information about services and benefits for which you may qualify

Failure to submit the TRA Application and enroll in approved training or receive a waiver from training by the deadlines listed above may disqualify you from receiving the TRA benefits.

If you receive a waiver from the training requirement, you are required to look for work. You may be disqualified from receiving TRA benefits for refusing a job, refusing an appropriate training program, or for not actively seeking work prior to the start of your training program.

To qualify for **Extended** TRA, you must be participating in an approved full-time training program.

This certifies that I am aware of the above requirements of the Trade Readjustment Allowances (TRA) program. I understand that failure to comply with these requirements could result in disqualification from receipt of TRA benefits.

Claimant Signature: _____ Date _____

PRIVACY ACT STATEMENT: Information you provide to this agency is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(g), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the Agency to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purpose.

Agency for Workforce Innovation

A Proud Member of America’s Workforce Network

The Caldwell Building, Suite 229 • 107 East Madison Street • Tallahassee • Florida 32399-4135
Phone 850-921-3433 • Fax 850-921-3427 • (TTY/TDD 1-800-955-8771 – Voice 1-800-955-8770)

For more information go to www.floridajobs.org

An Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

WAIVER OF TRADE ADJUSTMENT ASSISTANCE (TAA) TRAINING REQUIREMENT

Date of Request: ___ / ___ / ___
Name: _____

Petition No.: _____
Certification Date: ___ / ___ / ___
Separation Date: ___ / ___ / ___
Impact Date: ___ / ___ / ___
Enrolled in Training Deadline: ___ / ___ / ___

Social Security No.: ___ - ___ - ___

If the Enrolled in Training Deadline was missed, is a 45-day extension requested due to extenuating circumstances or a 60-day extension due to agency error? YES NO
If YES, please indicate reason: _____

The Trade Act requires that in order to receive Basic Trade Readjustment Assistance (TRA) payments, eligible claimants must be enrolled in a training program or have received a written waiver of the training requirement prior to the Enrolled in Training Deadline.

A. WAIVER

Effective Date: ___ / ___ / ___

Expiration Date: ___ / ___ / ___

The training requirement is waived for the above-named worker because training is not feasible or appropriate for the following reason(s):

REASON FOR WAIVER ISSUANCE (Check ONE)

Enrollment Unavailable – The first available enrollment date is within 60 days of the approval for training. (If a comprehensive assessment has not been completed, a waiver may be issued for this reason.)

Marketable Skills – The worker possesses marketable skills for suitable employment (may include possession of post-graduate degree or certificate).

Training is not reasonably available to the worker.

Retirement – The worker is within 2 years of qualifying for old-age benefits under Title II of the Social Security Act; or a privately-sponsored pension.

Recall – The worker has been notified of a recall by the firm from which the separation occurred.

Health – The worker is unable to participate in training due to the health of the worker.

I understand this waiver is being issued based on an assessment of my reemployment and training needs. I am required to perform weekly job search and provide documentation as a requirement for monthly waiver reviews.

I am aware that the waiver may be revoked for failure to report for scheduled appointments or if conditions for issuance of the waiver change before the expiration date.

Participant Signature Date

TAA Coordinator/Case Manager Signature Date

(____) ____ - ____
Telephone Number

Local One-Stop Career Center

Privacy Act Statement

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 42 U.S.C. 1320b-7 (a)(1) (Social Security Act) and 7 C.F.R. 273.6 disclosure of your social security number is mandatory. Your social security number will be entered in the state management information system through unemployment insurance.

Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.

B. REVOCATION OF WAIVER

Effective Date of Revocation: ___ / ___ / ___

Waiver for the TAA Training Requirement is revoked because the reason for issuance of the waiver is no longer applicable.

TAA Coordinator/Case Manager Signature

Date

C. APPEAL RIGHTS

The waiver is being issued for an official determination for Basic TRA benefits by the Unemployment Compensation, Special Payment Unit. After completing its review, the Special Payment Unit will mail the official determination to the worker. If the claimant is not satisfied with the determination made for TRA benefits, he/she may file an appeal within 20 calendar days of the mailing date of the official determination.

An appeal can be filed online at www.fluidnow.com/appeals, by fax to (850) 921-3524, or by mail to:

UC Appeals
MSC 347 Caldwell Building
107 East Madison Street
Tallahassee, FL 32399-4143

**TRADE ADJUSTMENT ASSISTANCE (TAA)
TRAINING PROGRAM COST TABLE AND TRAINING CERTIFICATION**

APPLICANT NAME: _____ **SOCIAL SECURITY #** - -

I. COST TABLE

TOTAL TRAINING COSTS

Total Tuition Costs	Total Book Costs	Total Supplies	Total Fees	Grand Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**ATTACH A COPY(IES) OF COURSE OUTLINE/SYLLABUS/CATALOG
TO SUPPORT TOTAL TRAINING COSTS.**

PELL GRANTS OR OTHER GRANT, SCHOLARSHIP, OR WORK-STUDY ASSISTANCE

Did the individual apply for financial assistance? Yes No

Was the individual approved for a Pell Grant, Scholarship, Work-Study Assistance, or other grant?

Yes No

If the individual is approved for such assistance, does the individual elect to apply these funds to living expenses?

Yes No

Note: The One-Stop Career Center staff will need to coordinate with the training institution about TAA payments and use of the Pell Grant.

II. TRAINING CERTIFICATION

Name of Training Institution

Signature of Authorized Agent for Training Institution

Name of Agent/Title

Address _____

Telephone Number: _____

City, State Zip _____

E-mail address: _____

PLEASE RETURN COMPLETED INFORMATION TO:

Name of One-Stop Career Center

Local One-Stop Career Center Contact

Address _____

Telephone Number: _____

City, State Zip _____

E-mail address: _____

Privacy Act Statement

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 42 U.S.C. 1320b-7 (a)(1) (Social Security Act) and 7 C.F.R. 273.6 disclosure of your social security number is mandatory. Your social security number will be entered in the state management information system through unemployment insurance.

Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.

**TRADE ADJUSTMENT ASSISTANCE (TAA)
APPLICANT ACKNOWLEDGMENT FORM**

Participant Name: _____ **Petition Number:** _____

Training Provider: _____ **Training Program:** _____

1. I will participate in full-time training during the length of the specified program, as defined by the training provider.
 2. I may only participate in part-time training if I have been previously approved. I understand that I will not qualify for TRA while in part-time training.
 3. I will abide by the training provider's attendance policy. I will participate in ALL classes scheduled for each term. Any failure to participate may be cause for denial of TRA/UI/RTAA benefits during the week in which the failure to participate occurred. Excessive failure to participate in classes will be considered cause for termination from training.
 4. I will maintain "satisfactory progress" throughout my Prerequisite/Remedial and/or Occupational training as defined below:
 - Showing improvement, as evaluated on an individual basis (Remedial)
 - Attaining and maintaining a cumulative grade point average of 2.0, or higher. If the training institution requires a higher standard for "satisfactory progress", I will meet that standard to maintain satisfactory progress.
- NOTE: Failure to maintain satisfactory progress may be reason for denial of benefits (training, TRA, etc.)
5. I will cooperate with the training provider to ensure the completion and submission of the weekly attendance records.
 6. I will make contact with the TAA Coordinator/Case Manager once a month. I will notify the TAA Coordinator/Case Manager of any change of address, phone number, and employment information.
 7. I will not change my training program without prior approval from my case manager. I will register only for classes in my approved training program. Failure to obtain approval from my case manager for changes in my training program may be cause for termination from training. Furthermore, I will be financially responsible for training that was not approved.
 8. I will not be paid any TRA benefits during a scheduled break in training that lasts more than 30 days.
 9. I am responsible for providing a copy of my training schedule to my case manager at the beginning of each term. At the end of the term, I am responsible for providing a record of my grades.
 10. I will not cease training without prior approval by my Case Manager.
 11. I have been informed by the TAA Coordinator/Case Manager that I have met the six training program criteria.
 12. I understand that I may be eligible to receive transportation and/or subsistence assistance if training has been approved outside of the commuting area.
 13. I have been informed by the TAA Coordinator/Case Manager that my TRA Application has been recorded in the UI System.
 14. I understand that to appeal a decision affecting TRA, ATAA, or RTAA, I must follow the procedures detailed in the letter from the Agency for Workforce Innovation transmitting the decision.
 15. I understand that to appeal a decision affecting other benefits under TAA (training, transportation and/or subsistence assistance, job search and/or relocation allowances), I must follow the local grievance procedures.

Participant Signature

_____/_____/_____
Date

TAA Coordinator/Case Manager Signature

_____/_____/_____
Date



TRADE ADJUSTMENT ASSISTANCE DEOBLIGATION FORM

DATE: / /

TO: , Special Payment Unit – State TRA Coordinator

FAX: (850) 921-3427

FROM: , Local TAA Coordinator/Liaison

This is a mandatory form to be completed when the individual has completed or quit training. Its purpose is to prevent overpayment of benefits, such as TRA benefits.

The individual listed below is no longer enrolled in TAA training. Therefore, the remaining funds in the individual's account should be deobligated.

Name: _____

Social Security Number: ___ - ___ - ____

Petition Number: _____

Training Institution: _____

Last date attended training institution: / /

Effective date of deobligation: / /

Please indicate reason for deobligation:

Completed training _____ Quit training _____

Local One-Stop Career Center: _____

Telephone Number: (____) ____ - ____

Privacy Act Statement

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 42 U.S.C. 1320b-7 (a)(1) (Social Security Act) and 7 C.F.R. 273.6 disclosure of your social security number is mandatory. Your social security number will be entered in the state management information system through unemployment insurance.

Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.

Exhibit 5-H

**TRADE ADJUSTMENT ASSISTANCE (TAA)
COMPLETION OF TRAINING VERIFICATION**

Name: _____
SSN: ____-____-____

Petition: # _____
Date of Request: ____ / ____ / ____

Verification by Training Institution or Facility

The above-named worker has completed approved training sponsored by the Trade Adjustment Assistance Program.

Name of Training Institution or Facility: _____

Address: _____

Type of Training Completed: _____

Beginning Date of Training: ____ / ____ / ____ Ending Date of Training: ____ / ____ / ____

Signature of authorized agent for training institution or facility _____ **Date Signed** ____ / ____ / ____

Name of Agent (Printed)

Title of Agent (Printed)

(____) ____ - ____
Phone Number

If applicable, please mail the completed form along with the final bill or invoice to:

Name of Local One-Stop Career Center

Address

City, State, Zip Code

(____) ____ - ____
Phone Number

Signature of Local One-Stop Center Representative

Name of Local One-Stop Center Representative (Printed)

Privacy Act Statement

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 42 U.S.C. 1320b-7 (a)(1) (Social Security Act) and 7 C.F.R. 273.6 disclosure of your social security number is mandatory. Your social security number will be entered in the state management information system through unemployment insurance.

Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.



Trade Adjustment Assistance State Profile: Florida

The Trade Adjustment Assistance (TAA) Program is a federal program that assists US workers who have lost their jobs as a result of foreign trade. The TAA program seeks to provide these trade-affected workers with opportunities to obtain the skills, resources, and support they need to become reemployed.

2010 Florida Data

40 TAA petitions were certified

3,455 estimated Florida workers were covered by new certifications

\$3,882,187 in federal funds allocated to Florida to provide benefits and services

Top TAA Certifications

Approximately **1,500** Boston Scientific workers

Approximately **250** ABB, Inc. workers

Approximately **150** Liberty Aerospace workers

How It Works

A petition must be filed with the US Department of Labor by or on behalf of a group of workers who have experienced a job loss as a result of foreign trade. After the Department of Labor investigates the facts behind the petition, it determines whether statutory criteria are met. If the Department grants the petition to certify the worker group, individual workers may apply for TAA benefits and services through their State Workforce Agency.

What We Offer

TAA offers a variety of benefits and services to support workers seeking reemployment: **job training**, **income support**, **job search** and **relocation** allowances, and assistance with **healthcare premium** costs.

Who We Serve

TAA participants come from a variety of backgrounds and industries, and therefore many enter the program with a wide array of skills and experience. However, the majority of TAA participants who enter the

program face similar challenges in obtaining reemployment, which can include **no education beyond high school**, job skills solely in the **manufacturing** sector, and an average **age of 46** with over **12 years of experience** in a specific job that may no longer exist. The TAA program has been developed through legislation, regulation, and administrative guidance to best serve the needs of this unique population.

In 2009, the TAA program was expanded to cover more workers, including service sector workers, but those statutory expansions have expired. While the 2009 law was in place, **2,867 Florida workers** were certified under the expanded criteria, who may not have been eligible under current law.

...This cannot be and will not be a subsidy program of government paternalism. It is instead a program to afford time for American initiative, American adaptability and American resiliency to assert themselves... Trade Adjustment Assistance... is designed to strengthen the efficiency of our economy, not to protect inefficiencies.

- President John F. Kennedy

Susan worked at her job for approximately 30 years prior to her layoff, and was extremely worried to be "60 years old, without a job, and only have a high school degree." Through TAA, Susan is now in training to become a medical administrative assistant. "The [program] is a blessing for me...it has made a difference, it gives me more dignity. I don't know where a lot of us would be without that education"

- Susan B.



Charlie Crist
Governor
Cynthia R. Lorenzo
Director

Instruction Sheet for TRA Application

- **Form ETA-855**

Front Side:

1. Complete name, social security number, address, and last occupation.
2. Complete Section A. Separation and Wage Information.

Back Side:

3. Complete Section B. Please provide your entire employment period with the Trade affected employer.
4. Complete Section C. Other Qualifying Information.
5. Complete Section D. Worker Certification. Sign and Date.

- **Form UCB/TRA-344**

Complete all Sections. Sign and Date.

- **Form UCB/TRA-345**

Read the information. Sign and Date.

Special Circumstances: Can I Choose to continue to receive my TRA benefits under my new unemployment insurance (UI) claim?

If you become eligible for a **new** regular (UI) claim while receiving TRA benefits, you may be able to choose whether to receive benefits under your new (UI) claim or continue receiving TRA benefits under your existing TRA claim.

The TRA Unit will send you a letter advising you of your option to continue receiving TRA or elect **opt out** and receive (UI) benefits on the **new** (UI) claim. You should consider the benefit amount for each claim and, if you are working, how your work will affect your benefit payments, before choosing which claim is best for you.

After these forms are completed, mail to:

AGENCY FOR WORKFORCE INNOVATION
SPECIAL PROGRAMS - TRA UNIT
PO DRAWER 5350
TALLAHASSEE, FL 32314-5350

You should immediately call your local TAA coordinator for an appointment to apply for an appropriate training program or waiver in order to receive TRA benefits. Failure to do so will result in disqualification from receipt of future TRA benefits. Please allow 2 to 4 weeks for your eligibility determination.

Agency for Workforce Innovation

A Proud Member of America's Workforce Network

The Caldwell Building, Suite 229 • 107 East Madison Street • Tallahassee • Florida 32399-4135
Phone 850-921-3433 • Fax 850-921-3427 • (TTY/TDD 1-800-955-8771 – Voice 1-800-955-8770)

For more information go to www.floridajobs.org

An Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

IX. SUPPORTIVE AND TRAINING RELATED SERVICES

A. GENERAL POLICIES

- 1.** CareerSource Escarosa provides support services, in accordance with WIA, Public Law 134 (d) (4) (D). Through the One-Stop system Adults and Dislocated workers needing training are provided Individual Training Accounts (ITA's). Training related services are provided when required for employment or for the training activity and when not provided by the employer, the educational institution and/or another agency known to the CareerSource Escarosa. Youth, support services under WIA, Section 129 (e) (6) and Section 6 of the 1998 Perkins Act are limited. The Perkins Act provides for WIA program funds to be used for only those individuals eligible to participate in the programs.
- 2.** Needs Based Related payments are not authorized for Adults, or Youth, and are extremely limited under the Dislocated Worker due to SDA #1 funding.
- 3.** Determination and documentation of the need for support or training related services will be made by the Career Managers or their immediate supervisor in accordance with established policies and procedures and as noted on the ISS/IRP.
- 4.** The participant must be enrolled in a CareerSource Escarosa approved training activity or have an offer of employment to be eligible to receive support or training related services.
- 5.** Support Services will be offered based upon assessed needs, and only when such funding is available.
- 6. a)** Presently, the RWB1 approved private training vendors cover all expenses under the tuition fee (i.e. books, uniforms, supplies etc.) and include the following institutions:

Fortis (CAPPS Medical Institute)
New Horizons Computer Learning Center
Pensacola School of Massage Therapy
Triangle of Technology Academy
Virginia College of Pensacola
University of West Florida
Troy State University

7. b) Presently, the RWB1 approved public training vendors cover tuition only and include the following institutions:

George Stone Center
Jefferson Davis Community College
Locklin Technical Center
Pensacola State College

(Books, uniforms, supplies, etc., are additional expenses and considered a support service).

B. SUPPORT AND TRAINING-RELATED SERVICES

1. Once a participant is determined eligible for WIA training he/she is assigned to a Career Manager. It is the responsibility of the Career Manager to enter the participant into the OSMIS/EFM system before committing to any WIA services. At the time of the initial interview the Career Manager determines the participants support service needs. Once those needs are established the Career Manager completes a Workforce Investment Support Services Action Request (Action Sheet) and attaches supporting documents to verify the required need. **UNDER NO CIRCUMSTANCES SHOULD ANY DOCUMENTS BE BACKDATED**, the date the participant actually request services is the actual date that services will begin.
2. The Action Sheet with supporting documents to include any clinical schedules is forwarded to the Escarosa Career Center to the Support Services Specialist.
3. The Support Service Specialist will review all documents for accuracy and prepare item purchase agreements. No request is complete without all the documentation attached at the time of signing. If the Career Manager is missing any part of the back-up documentation **DO NOT DATE AND SEND IT** to the Support Services Specialist incomplete. The Career Manager for the north end, because of expediency, is allowed to issue a limited number of item purchase agreements. The same rules apply to the North end Career Manager as all Career Managers, support services can not be backdated and all documents must be attached at time of signing. All tool purchases are controlled through the Support Services area and are documented and reported at year-end to make sure that set caps of \$1,400.00 are maintained. Special note: Escarosa will not pay gas allowance beyond the current term/semester. Two weeks will be allowed at the end of each term/semester to have attendance sheets in to the Support Services Specialist. In addition Escarosa will not go back to verify any past payments for the purpose of adjustments. Example:

Student saying they were not paid for a specific day three months ago. Attendance sheets should be accurate at the time they are submitted for payment.

4. The Item Purchase Agreements are made out to the participating vendors for supplies and/or services (books, drug screening, immunizations, physicals, specialized kits, supplies, tools, and uniforms). The Purchase Agreement is sent to the Career Manager via carrier and given to the participant to take to the named vendor or mailed directly to the vendor. Only items listed are approved for payment.
5. The Career Manager is issued an approved Childcare list from the Support Service Specialist. This list is to be used by the participant to select a childcare facility approved by the Florida Department of Children and Families (FDCF) or one that is proven not to be a church run organization. It is the responsibility of the Support Service Department to maintain the childcare list and to ensure that facilities are currently licensed/registered and in compliance with separation of Church and State guidelines.
6. The Support Services Specialist will retain documentation regarding services, vendors and terms within the Support Services Department.
7. The Support Services Specialist will prepare all check requests with regard to WIA support services, to include childcare payments, participant re-imburement payments, vendor payments and transportation allowance payments. Check requests with supporting documents are then forwarded to the CareerSource Escarosa Accounting Department to issue the actual checks, The CareerSource Escarosa Director or Assistant Director will sign all checks.
8. All hand delivered checks for bus tickets/passes, dental kits, postage, or special supply purchases to a vendor or in a participant's behalf are signed upon receipt of the checks at the CareerSource Escarosa Accounting Department. Receipts are retained by the Support Service Specialist and forwarded to the CareerSource Escarosa Accounting Office. All student transportation and re-imburement checks are mailed directly to the participant by the CareerSource Escarosa Accounting Office.
9. All invoices for WIA support services are received and processed by the Support Services Specialist. All childcare requires a childcare timesheet signed by the student and childcare facility staff to ensure that all billed times and dates are accurate. Student transportation requires an attendance sheet documenting his/her attendance, and must be signed by the participant and the instructor to be payable. The current pay rate for student transportation is \$3.00 per approved day up to a maximum of \$15.00 per week for all students. The exceptions are students attending Jefferson Davis College who receive \$4.00 per approved day up to a

maximum of \$20.00 per week. Students in the Correctional Officers/Law Enforcement programs that must attend some weekends will receive the stated \$3.00 per approved day with a maximum of capped \$20.00 per week.

- 10.** All Career Management and Support Service staff will adhere to procurement guidelines as established by the CareerSource Escarosa for support services. All support services will be entered into EFM by the Career Managers upon approval from the Support Services Specialist.
- 11.** The Support Services Specialist will submit monthly reports to the Assistant Director and Accounting Department recapping WIA childcare services, and a full report annually on all support services.
- 12.** Documentation of all support services provided to a participant will be maintained in the participant's case file. The documentation must include the recipient's name, the support service provided, and the date the service was delivered. The participant and Case Manager must sign and date the form acknowledging the receipt of the service.

B. CATEGORIES FOR SUPPORT AND TRAINING RELATED SERVICES

Listed in order of precedence, the following Support Services are based upon funding availability:

- 1.** Tools, Equipment and Supplies
 - a.** Hand tools
 - b.** Medical and Dental training supplies/kits
 - c.** Uniforms
 - d.** Books (Technical schools and special cases only)
 - e.** High technology purchase (Case by Case basis)
 - f.** Medical transcribing machines
 - g.** Film to include black and white or color
 - h.** Specialized equipment for handicapped individuals
 - i.** Procedures
- 2.** Health Care

- a. Physicals**
 - b. Immunizations may include Hepatitis B series, or rarely a chest X-Ray**
 - c. Background Checks and Drug screening**
 - d. Procedures**

- 3. Special Licensing, Required Testing**
 - a. CDL/Chauffeur, CPR, Arnett testing, State and National Boards**
 - b. Other required licensed**
 - c. Procedures**

- 4. Transportation (local and out of town)**
 - a. Bus Tickets**
 - b. Transportation allowance**
 - c. Procedures**

- 5. Child Care Assistance**
 - a. Licensed FDCF Child care facility**
 - b. Child Care Provisions**
 - c. Registration Fees**
 - d. Procedures**

- 6. Temporary Shelter Assistance and Food Assistance**
 - a. Out of Area Training shelter and food assistance**
 - b. Procedures**

- 7. Relocation Assistance, Out of Area Job Search Assistance**
 - a. Relocation Assistance (Dislocated Worker only)**
 - b. Out of Area Job Search (Dislocated Worker only)**
 - c. Procedures**

8. Other Support Services and procurement

C. SUPPORT SERVICES PROCEDURES

Tools, Equipment and Supplies

- A. Only hand tools required for completing approved training.
- B. Uniforms to include shoes, watch, hat/caps, lab coats. Patches for Correctional officers training only.
- C. Medical supplies to include, dental kits, nursing equipment, medical transcribing machines, and computer repair kits.
- D. Books to include, course books and workbooks at a technical school, dictionaries, and encyclopedias.
- E. Specialized equipment for disabled individuals. This is considered a support service, not a training related need. Adaptive equipment may be provided to enable a participant to participate in an activity for employment or classroom training i.e. (enhanced stethoscope). Whenever possible, agencies which specialize in providing this type of support shall be utilized first (Division of Blind Services, Vocational Rehabilitation, or Hearing Impaired Agencies).

Procedures

1. Documentation must be obtained by the participant from the training site or employer which verifies that the terms requested are required to participate in the training activity or to become employed; that the requirement applies to all students/employee, and that the items are not supplied by the training site or employer. The only exclusion is the disabled participants.
2. All items to be purchased with CareerSource Escarosa dollars must have prior approval before any purchase may be made by any participant. The Career Manager will determine the required need. A client action sheet and supporting documents must be forwarded to the Support Services Specialist for review and final approval. A letter of authorization/voucher will be issued to the participant to take to a particular vendor for purchases. On some occasions a vendor is not on the support service vendor list or does not accept a letter of authorization/voucher. In those cases reimbursement is permitted but, the purchase must still be pre approved by the Career Manager.

3. CareerSource Escarosa will not be responsible for any items not listed on the letter of authorization/voucher. Because of location the north end does not have expediency in receiving vouchers. Therefore the Career Manager in that area is authorized to issue all letters of authorization except for tools.
4. The vendor ensures that the participant signs his/her invoice before mailing it to the Support Services Specialist to process for payment. All invoices involving a letter of authorization/voucher, regardless of Career Manager involvement, are routed to the Support Services Specialist to process. All invoices will be processed in accordance with standard accounting procedures.
5. All purchases are the property of CareerSource Escarosa. If a participant drops out of training/employment he/she must return all items purchased within 30 days of the last day of training/employment. The purchased items become the property of the student/employee 90 days after successful completion of training or 90 successful days of unsubsidized employment. Confiscated items, if usable, are redistributed to other participants in the same area of study/work. If not usable they are discarded. Discarded items are described as items that are broken or unsanitary (dental floss, paper gowns, dental instruments that cannot be sterilized).
6. CareerSource Escarosa will pay for required training items one time only. CareerSource Escarosa will not replace lost, broken or stolen items.
7. CareerSource Escarosa will not be responsible for the purchase of pens, pencils, paper, composition books, notebooks, or other perishable miscellaneous supplies for training activities. The exception to this is in specialized training. (graphic, multi-media etc).

Health Care

- A. Physicals examination, required immunizations, may on occasion include updated shots or a Chest X-Ray
- B. Background Checks, Drug/Substance Abuse Screening.

Note: The above items may be provided by CareerSource Escarosa if they are required by the training site/employer and are required for all students/employees, and are not provided from any other source.

Procedures

1. The participant must provide documentation from the training site or employer to verify that the physical, drug screening, immunizations or background checks are required. This information is provided to the appropriate Career Manager.
2. The Support Services Specialist, and in some cases the Career Manager, approves and or initiates a letter of authorization/voucher for the WIA Participant. Participant needs are identified via client action sheet and supporting documents. The letter of authorization/voucher specifies the service to be provided by the medical provider. CareerSource Escarosa is not responsible for additional services provided by the medical provider that have not been approved by the Support Services Specialist or the designated Career Manager.
3. All vendor invoices will be approved for payment by the Support Services Specialist. Payments will be made in accordance with standard accounting procedures.

Special Training Related Licensing

- A. CDL (Drivers/Chauffeur), CPR, RN, LPN, State and National exams
- B. Other Required License and Exams.

Note: This may be a license not requiring an examination (i.e., Security Guard, etc.) but which is required for employment or training.

Procedures

1. Any license and state or national exams for certification or licensure required for training or employment may be sponsored by CareerSource Escarosa. The participant must document the need for the certification/license (noted within the curriculum or specialized training materials) or as documented by the employer.
2. CareerSource Escarosa will be responsible for reimbursement to the WIA participant only if he/she is successful and passes the exam for certification or licensure.
3. The participant will need to document the successful completion of the exam by providing test scores or a copy of actual certificate or license. To be reimbursed, proof of payment/s must be provided (i.e., photo copy of check, money order or credit card/bank statement). All statements must include the name of the licensing entity, date of payment and the amount paid. Proof of payment must be given to the

appropriate Career Manager who shall then forward a client action sheet and all supporting documents to the Support Services Specialist to process for payment.

4. The Support Services Specialist must approve all requests for payments reimbursed and/or fees which shall be processed in accordance with standard accounting procedures.
5. Temporary Shelter Assistance (Support Service)

Transportation (local):

1. Bus Tickets/Passes:

Bus tickets/Bus passes may be issued to students who are enrolled in an approved occupational skills training activity, youth activity, or work activity (i.e. initial period of unsubsidized employment following training and not continuing beyond the date on which the participant receives his/her first pay check and OJT.

Tickets/passes are generated by an action sheet and supporting documents by the Career Manager requesting the tickets/passes for a participant. The Support Services Specialist calculates the amount needed, places the order, requests a check from the Accounting department, picks up the tickets and distributes them to the Career Manager on an as needed bases. A bulk amount of tickets are purchased and each distribution is signed for by the Career Manager and a bus ticket log is maintained by the Career Manager for the tickets they disburse to the participant. A report of the disbursements is given to the Support Service Specialist on a monthly basis. The reports are reconciled and maintained by the Support Service Specialist and reported annually.

2. Transportation Allowance:

For local travel (any travel within Escambia and Santa Rosa Counties) participants are reimbursed at a rate conducive to the rise in gasoline prices. The transportation allowance is \$3.00 per approved day and a maximum of \$15.00 per week. Because of extensive travel to and from Jefferson Davis College the rate of transportation is \$4.00 per approved day at a maximum of \$20.00 per week. Correctional/Law Enforcement students who have extended classes to include weekends will receive the \$3.00 per day rate with the maximum capped at \$20.00 per week. Extenuating circumstances may alter these amounts. All documents must be attached to the initial request for transportation this includes CLINICAL SCHEDULES. If a clinical schedule is not made available at the time of signing up for transportation a client action sheet must accompany the schedule and will be effective the date the schedule is actually

submitted, there will be no going back to recalculate transportation for late clinical schedule. We will only pay for the actual time frame in which the schedule was received and forward. **NO BACKDATED DOCUMENTS WILL BE ACCEPTED.** All transportation allowance is verified by attendance sheets showing the days and times of attendance. All attendance sheets must be signed by participant and instructor/employer. Only original signatures will be payable.

3. Community Transportation:

Arrangements will be made, for those with disabilities, with what ever company is providing the services at that time. The Career Manager will make the determination and submit an action sheet with proper supporting documents to the Support Service Specialist. Once approved by CareerSource Escarosa arrangements will be made.

4. Out of Area:

CareerSource Escarosa sponsors training activities outside of the Escambia and Santa Rosa County areas on a limited basis. If the participant is sponsored with out of area travel he/she will be reimbursed in accordance with CareerSource Escarosa training site specific policy or current mileage rates as documented through odometer readings and noted on the Travel Voucher and/or State mileage charts/maps. Out of area transportation assistance shall be approved by the CareerSource Escarosa. An action sheet requesting out of area travel will be submitted to the Support Service Specialist who will seek administrative approval, then process in accordance with standard accounting procedures.

*Note: All transportation support services must be identified during the interviewing process and should be noted on the participant's Individual Service Strategy (ISS).

Child Care Assistance: (Support Service)

- 1. FDIC License:** Child care supported by CareerSource Escarosa must be provided through a childcare facility that is licensed/registered by the Florida Department of Children and Families. Any Faith based childcare must be a separate entity from its base church and must prove separation of church and state. CareerSource Escarosa funds cannot be expended on the construction, operation, or maintenance of any facility that is used or will be used for sectarian instruction or as a place of religious worship. The only exception to the childcare policy is: Child care in northern Escambia and Santa Rosa Counties, Florida due to limited availability of child care

providers can use alternative childcare which DOES NOT include church based childcare providers of any religious order as the alternative.

2. **Child Care Provisions:** Participants needing assistance in child care must meet at a minimum the following requirements. Be enrolled in classroom training activities or enrolled full-time in OJT. Full time classroom training shall be defined as 9 college credit hours or more at a junior/community college, or as attending 20 hours or more a week at vocational/technical center. Full time OJT shall be defined as working more than 30 hours during a work week. Entering into a Co-op program upon completing classroom training, child care can be paid at 50% for the first 30 days of Co-op, 30% for 31 to 60 days and 20% for 61 to 90 days. No childcare will be paid for Co-op after the 90 days has expired.
3. **Children for which child care will be provided** cannot be enrolled in school (to include kindergarten) and must be a minimum age of 6 months old. Participants who are locked into training programs which require evening child care may receive assistance, if funding is available.
4. **Registration:** The CareerSource Escarosa will be responsible for one registration fee per fiscal year (July 1 to June 30 of the following year).
5. **School breaks and Holidays:** Escarosa will pay to hold an authorized childcare spot for up to, two weeks for Christmas break and one week for Spring/Fall break for returning students only.

Procedures:

The following procedures shall be followed to secure child care assistance for eligible participants. All Career Manager are supplied a child care list of child care facilities, and their license status, by the Support Service Specialist at least twice per fiscal year.

1. The Career Manager will determine need of services which shall be explained on the ISS/IRP. After justifying a need, the Career Manager will request child care via client action sheet and supporting documents. All documents must be dated when all back-up documents are attached and all forms signed, there must not be any back-dating of any documents. The request is forwarded to the Support Services Specialist for oversight and processing. Making sure that the facility chosen is duly licensed, maintains separation of church and state requirements, and is in good standing with the CareerSource Escarosa. The Career Manger should also make sure that the child/children's ages are within the age limitations set. Prior to approval of child care support services, the participant will review and sign the Child Care Assistance Policy.

2. If the participant is attending classroom training activities, he/she must provide the Career Manager with documentation to verify class days and child care needs. The Career Manager must be provided a class schedule to include any clinical schedules and a statement of need). The Career Manager has the option to allow additional child care services for study times, library research projects, labs and other training related factors needed for the participant to be successful in the training activity. In the case of OJT, the Career Manager must be provided a proposed work schedule if day care is needed.
3. The Career Manager shall initiate a client action sheet, class schedule/work schedule, statement of need form, childcare policy agreement, child care time sheet and child care authorization form. Both Career Manager and participant must sign appropriate documents. The original timesheet and a copy of the childcare authorization are to be sent directly to the child care facility. A copy of all documents is forwarded to the Support Service Specialist for processing of childcare payments and to resolve any issues.

The Support Services Specialist shall ensure that a current copy of each child care provider's license/registration, rates, fees and payment policies are kept on file.

4. The child care facility staff or the participant shall be responsible for completing one child care time sheet per week. Both the participant and child care employee must sign the timesheet to verify attendance and rates (only original signatures will be accepted).
5. The child care facility may mail or deliver timesheets to the Support Services Specialist to process for payment. The Support Services Specialist is required to approve all payments. The child care time sheets will be processed in accordance with standard accounting procedures.
6. Participant attendance records with regard to childcare are kept by the Career Manager to determine if the participant is complying with the terms in the child care assistance policy and to determine if the participant is attending scheduled classes. The Career Manager will inform the Support Services Specialist of any schedule changes via client action sheet.
7. If CareerSource Escarosa withdraws financial support for Child Care Services for a participant attending classes, the Support Services Specialist will notify the affected child care facilities by letter, whenever possible, no less than two weeks prior to withdrawal of support. If the participant is not attending classroom training or has dropped out of training, the child care center will be notified immediately by telephone and services will end on that day. A follow up letter will be mailed based on the telephone conversation.

8. The percent/rate of childcare payments shall be made in accordance with the CareerSource Escarosa's child care rates based on current funding and economical conditions of the times. Childcare increases requested by the Support Services Specialist based on a trend of increases through out the childcare industry and are approved by the Executive Director. Current childcare rates based on the child's age are as follows: For a child 6 months to 12 months, the maximum amount is \$130.00 per week; from 13 months to 24 months, the maximum amount is \$120.00 per week; and from 25 months to 5 years old, but not yet in school, the maximum rate is \$115.00 per week. These rates are subject to change. In order to pay childcare for a 5 year old child, the child must not be able to attend kindergarten because he/she turned 5 years old after the cut off date of September 1st of that year. The Support Services Specialist negotiates with the childcare providers to take advantage of any and all discounts that may be available to CareerSource Escarosa. The exception to these rates is for Co-op and OJT. For which CareerSource Escarosa will pay 50/30/20% of its rates respectively.

Note: ALL CHILD CARE SERVICES MUST BE IDENTIFIED DURING THE INTERVIEWING PROCESS AND SHOULD BE NOTED ON THE PARTICIPANT'S ISS.

Temporary Shelter Assistance and Food Assistance

CareerSource Escarosa provides temporary shelter to participants attending Commercial Truck Driver training at Washington-Holmes Area Vocational Technical Center in Chipley, Fl. Shelter is provided through area hotels/motels which are located near the school. Payments are made directly to the hotel/motel providing the service.

Procedures: Out of Area

1. CareerSource Escarosa will select the hotel/motel to provide the service and will establish an agreeable payment system with the facility.
2. The Career Manager will notify the Support Services Specialist and hotel/motel by letter specifying the length of time the participant is expected to be housed there as well as the number of rooms needed.
3. If support for a participant is to be withdrawn, the Career Manager will notify the Support Services Specialist by client action sheet. The Career Manager will telephone the motel/hotel immediately to withdraw support. CareerSource Escarosa will be responsible for a maximum of two weeks payments after withdrawal of any

of its participants only. CareerSource Escarosa will not pay for support beyond the notification date unless a contract is signed to the contrary.

4. The hotel/motel will forward all invoices to the Support Services Specialist to process for payments. The Support Services Specialist will process invoices in accordance with standard accounting procedures.

Food Assistance: Out of Area

Food allowance: CareerSource Escarosa will provide a food allowance to participants attending training out of the Escambia and Santa Rosa County areas as approved by designated staff. Currently the food allowance is provided to participants attending the Washington Holmes Commercial Truck Driving training. Due to the economic nature and the cost of living associated with Chipley, Florida the food allowance is calculated at \$21.00 per day. If the participant is receiving food stamps this service should be coordinated with the food stamp office to insure that the need is justified.

Procedures

1. The Career Manager will provide a client action sheet with supporting documents to the CareerSource Escarosa accounting office for processing and distribution.
2. The Accounting office will process Check Request Forms and issue a check for food allowance for each participant on a weekly basis for the duration of the training period. If the participant receives food stamps, this assistance must be coordinated and justified.
3. The food allowance checks will be received by the Washington Holmes school and issued to the WIA participant by a Washington Holmes designated staff member.

Relocation/Out of Area Job Search Assistance (Dislocated Worker only)

- A. Relocation assistance may be provided to dislocated eligible participants if employment is obtained outside a 100 mile radius of Escambia or Santa Rosa Counties. Financial assistance will not exceed \$1,000.00 per individual and will not exceed 90% of the total moving cost.
- B. Out of Area Job Search Assistance may be provided to dislocated eligible participants if possible employment may be obtained outside a 100 mile radius of Escambia or Santa Rosa Counties. Career Managers will verify that the participant has a job interview by a collateral contact call or written documentation of the intent to hire from a potential employer. Once determined that an actual interview exists, assistance may be provided. Assistance will not exceed \$800.00 per individual.

Procedures

1. Prior approval must be obtained by the participant from the Career Manager before any assistance is permitted.
2. The participant must provide the Career Manager the name of the employer to include his/her address, phone number and contact person.
3. The participant must provide documentation regarding the position, hourly wage and job duties. For relocation assistance the participant must also provide the date employment will begin.
4. Documentation for all reimbursements must include a receipt for expenses and/or estimated cost on business letterhead to verify relocation cost.
5. All expenses for relocation assistance must be with established businesses and cannot be for employing family members or personal acquaintances.
6. Reimbursement will occur through client action sheet and supporting documents forwarded to the Support Services Specialist. And will be processed according to standard accounting procedures.

Other Support Services

Shelter: (Needs based) Housing assistance through the payment of rent or mortgages may be made if a participant is at the point of having to drop out of school or work activity. A request for shelter assistance is initiated by the participant's written statement of need and updated financial statements. The Career Manager after reviewing the statement of need and verifying the monthly rent/mortgage amounts with the landlord/mortgage company. The Career Manager will update the ISS/Reemployment Plan and prepare a client action sheet and supporting documents to forward to the Support Services Specialist. The Support Service Specialist will consult the Assistant Director, and/or Executive Director for final approval. A participant's financial needs must be predetermined each semester for training activities or once every three months for work activities. Assistance cannot exceed 12 consecutive months in this area. In addition, needs based support services may include payments for utilities (electricity, water, sewage/garbage, gas and basic telephone). Long distance phone service, cable, and internet services will not be covered.

Other: Other support services may be provided based on participant need. This may include eye glasses, dental and medical care, automobile repair, etc. Needs are determined on an individual basis and will be noted in the participant's folder. A request for assistance is initiated with the participant statement of such need, and an updated financial report.

The Career Manager will justify the need, and he/she will coordinate with the Support Services Specialist. The Support Services Specialist will seek approval from the Assistant Director and/or the Executive Director to provide the assistance required.

Procedures:

The Support Services Specialist will procure the vendor/s to supply the above services based on individual items or services needed. CareerSource Escarosa, in dealing with participants, does not always have the doctors or healthcare facilities that will provide the above needs in the time frame the participant may need them, or, the provider may not be willing to accept our participants at all. Therefore, Vendors will be obtained on an as needed basis. CareerSource Escarosa does work with a local doctor who will work the WIA participants into daily appointments based on participant needs and timelines. The local doctor will also invoice for services rendered. CareerSource Escarosa utilizes the Escambia and Santa Rosa Health Departments respectively. When possible, CareerSource Escarosa will obtain three oral quotes for services and/or three written quotes depending on estimated cost. If for some reason a health care need is approved by a Career Manager and the participant must use a provider not approved by CareerSource Escarosa, the required service may be re-imbursed at the equal or similar rate Escarosa pays a provider for the same services.

Procurement of Support Services and Training-Related Services:

Child Care

CareerSource Escarosa does not contract with child care providers for a specific number of slots. WIA participants choose a facility in accordance with the following rules.

1. The participant chooses a facility that he/she will be happy with and where he/she feels safe in leaving their child/ren. The participant is supplied a support service childcare list to aid in the choices.
2. The childcare list is maintained by the Support Services Specialist. The providers have been screened to make sure they are FDCF licensed/registered. (Some exceptions apply to the areas with limited or no access to childcare providers).
3. The Child care provider must provide CareerSource Escarosa with a copy of current license/registration and child care rates.
4. CareerSource Escarosa will allow the maximum child care payment rates. (rates may change due to economic changes).

* (6 months to 12 months) \$130.00 per week

* (13 to 24 months) \$120.00 per week

*(25 months to 5 Years and not yet enrolled in school) \$115.00 per week

Note: The child care provider should be in the general area of the participant's residence or training site. CareerSource Escarosa prefers to use a childcare provider which operates within the above rates. However, if a participant selects a more expensive center then he/she is responsible for the remaining child care expenses.

Transportation

1. Participants of Escambia County may use the public transit system. CareerSource Escarosa provides bus tickets/passes to individuals who do not drive and who are eligible to receive transportation support. Escambia and Santa Rosa County participants who have transportation (automobiles) may be provided from \$15.00 to \$20.00 per week transportation allowance. These figures are based on need and location.
2. Participants traveling to Washington Holmes in Chipley, Fl for commercial truck driver training are provided a round trip commercial bus ticket (Greyhound) or, when appropriate, a travel check in the amount of \$65.00 to cover gas to and from the truck driving school. North end Escambia and Santa Rosa County participants attending Jefferson Davis College or Truck Driver training in Evergreen, Alabama may be reimbursed \$4.00 per day not to exceed \$20.00 per week to cover travel and food expenses.
3. CareerSource Escarosa may assist participants with automobile repair if the vehicle is needed for training. The participant must be without access to public transportation and family members can not provide transportation. The participant must document the need for assistance, be involved in a WIA approved training program, and must meet CareerSource Escarosa's guidelines for that training component. The participant must provide his/her Career Manager with three written quotes on automobile repairs. The Career Manager then makes a decision regarding CareerSource Escarosa assistance, coordinating with the Assistant Director as required. The policy addressing the determination and appropriate costs are being addressed under WAGES. Once approved, this process shall be applied to WIA.

Note: All licensed automobile mechanics/businesses are allowed to provide estimates for automobile repairs. The lowest bidding vendor will be utilized.

Books

CareerSource Escarosa does not purchase books in bulk supply. Individual books are purchased at the time the participant is approved for a particular training program, registered, and begins training. CareerSource Escarosa works with community book suppliers supporting all our educational institution training programs. Our major suppliers are listed below.

1. The Pensacola Junior College (PJC) Bookstore, which is used for participants attending PJC if possible. The PJC bookstore has a computerized accounting system and only supplies books required for the student's area of study. Books are matched to classes and are approved by the PJC WIA Coordinator.
2. Lemox Bookstore is used for participants attending George Stone Center (GS) and Locklin Technical Center and may be used by all students when book purchases are required. GS and Locklin Career Managers are responsible for coordinating required book purchases with the Support Services Specialist. Those requests are invoiced and sent to the Support Services Specialist for processing and payment.
3. Jefferson Davis Community College bookstore is the only known bookstore in the Atmore/Brewton, Alabama area. Books are matched to the requirements of the course work and are invoiced through a computerized accounting system. The Career Manager for Jefferson Davis is responsible for coordinating book requirements to ensure accurate purchases and invoices.
4. All bookstores which provide the required books may be utilized as long as price ranges are comparable to the main vendors.
5. Books are approved as follows:
 - *General course books (English, Math, History, and Science)
 - *Technical books (Accounting, Legal, Computer, and Building Construction)
 - *Medical; Para Professional (LPN, RN, Paralegal)
 - *Dictionary's and Encyclopedias.

Uniforms

1. CareerSource Escarosa works with many uniform vendors. They are Bosso's Uniforms, Inc., PSC Bookstore, Nightingale Uniform Company, Ruth's Uniform Shop, and Uniformly Yours. Any one of these vendors will serve the WIA participants uniform needs and in some cases supplies as well.

2. All uniform retailers which provide the uniforms required for approved training areas are utilized as long as the prices are within the CareerSource Escarosa approved ranges listed below.

*Medical related \$150.00 to \$300.00

*Correction Officer \$180.00 to \$300.00

*Culinary Arts \$100.00 to \$200.00

Note: Price varies depending on size requirements and may change based on economic factor. Any increases will be approved by the CareerSource Escarosa Assistant Director, or Executive Director.

Tools

1. CareerSource Escarosa utilizes a variety of vendors for tools/supplies. These include but are not limited to: PJC Bookstore; The Home Depot; Johnstone Supply; Office Depot; Office Max; Penko; Radio Shack; Sears; Tech Advanced Computers to name a few. Purchases are made according to availability and price.
2. CareerSource Escarosa will not exceed \$1,400.00 per participant in the purchase of required tools.
3. All vendors who provide tools for approved training programs will be utilized as long as their prices are within the above range.
4. CareerSource Escarosa will not purchase any power tools.

Health

1. For most physical examinations CareerSource Escarosa utilizes Dr. Lucey of Pensacola, Florida. This is due to the fact that Dr. Lucey agreed to take participants on short notice (1 day or less) and is reasonably priced. Dr. Lucey will also administer immunizations if necessary. WIA participants may use Dr. Lucey or a doctor of their choice as long as prices are comparable. CareerSource Escarosa works with those doctors regarding the billing/account process, participant needs, appointment scheduling and documentation requirements.
2. The Escambia and Santa Rosa County Health Departments respectively do not provide physicals but do offer immunizations/vaccinations. Those facilities are utilized as needed.

3. All health care facilities that provide physicals, drug/substance abuse testing, immunizations, etc. may be utilized as long as the prices are within comparable ranges.