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

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

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

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

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

**REFERENCE:** RFA 2016-2017; Title I, Section 167 (Migrant and Seasonal Farmworkers) of the Workforce Innovation and Opportunity Act 2016 (WIOA)
## FCDP Support Services Allowance Criteria

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

Participant Name: ______________________  Enrollment Date: _______________________

<table>
<thead>
<tr>
<th>Program Year Cap: $2,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Approved Per Year:</td>
</tr>
<tr>
<td>Amount Approved Per Month:</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Month / Year</th>
<th>Child Care Provider</th>
<th>Child’s Name</th>
<th>Invoice #</th>
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</thead>
<tbody>
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</tbody>
</table>

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

The information above is documented at:

Case Notes Yes ☐ No ☐  Master Record Yes ☐ No ☐  Voucher Yes ☐ No ☐

Participant ______________________ Date ______________________

Counselor ______________________ Date ______________________
Instructions:

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

“Type in Local Office Name”

“Type in Local Address”

**FCDP Support Services**

Participant Name: ______________________  Enrollment Date: ______________________

**Support Categories:**

**Car Repair □**

<table>
<thead>
<tr>
<th>*Car Registration #</th>
<th>Driver’s License #</th>
<th>*VIN #</th>
<th>Total Cost</th>
<th>50% of the Cost</th>
</tr>
</thead>
</table>

$1,000 Program Year Limit

*Vehicle must be registered to enrolled FCDP participant.

**Tools □  Uniforms □**

<table>
<thead>
<tr>
<th>Training</th>
<th>Tools / Uniforms</th>
<th>Payment Amount</th>
</tr>
</thead>
</table>

As required by training provider or employer.

**Bus Pass □**

<table>
<thead>
<tr>
<th>One-Day Pass</th>
<th>Month Pass</th>
<th>Bus Pass Number</th>
<th>Amount</th>
<th>Client Signature</th>
</tr>
</thead>
</table>

Total Payment

Justification supporting the information above is documented in:

**Case Notes** Yes □  No □  **Master Record** Yes □  No □  **Voucher** Yes □  No □

Participant _______________________________  Date __________________

Counselor _______________________________  Date __________________
1. Participant Name: __________________________ Enrollment Date: __________________________

2. Support Categories:
   - Mileage Reimbursement ☐
   - Basic Allowance Stipends ☐
   - Related Assistance Stipends ☐

   Month: ______________ Year: __________

3. Course Title  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday
   __________  __________  __________  __________  __________  __________
   In  Out  In  Out  In  Out  In  Out  In  Out  In  Out
   Hours:  Hours:  Hours:  Hours:  Hours:

   4. Map mileage claimed

   Instructor/School Official Signature and Date:

   5. Course Title  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday
   __________  __________  __________  __________  __________  __________
   In  Out  In  Out  In  Out  In  Out  In  Out  In  Out
   Hours:  Hours:  Hours:  Hours:  Hours:

   6. Support Categories  Support Service Cost  Training Hours  Total of Miles  Total
   Mileage Reimbursement  .20 per mile  [ ]
   Basic Allowance Stipends  $3.00 per hour  [ ]
   Related Assistance Stipends  $1.75 per hour  [ ]

   7. Total Payment this Month

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

NOTE: This program only pays Support Services for the student who attends classroom training. This program does not pay for online courses, homework, or any extra hours beyond the regular class schedule, unless it is justified by the training official.
8. Justifications supporting the above services is documented at:
Case Notes Yes ☐ No ☐ Master Record Yes ☐ No ☐ Voucher Yes ☐ No ☐
Participant’s Signature: _____________________________ Date: __________________
Counselor Signature: ________________________________ Date: ________________
Counselor Approval: ________________________________ Date: ________________

Instructions:

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