

**WDA 16**

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**Policy Letter 04-2018 Revised Motion 18-2022 6.3.22**

**Policy: Serving Applicants with a Close Relationship to the WIOA Program**

1. **PURPOSE**
2. To establish policies and procedures for providing services to family members, close acquaintances and stakeholders within Workforce Development Area 16. To ensure that all individuals enrolled in the Workforce Innovation and Opportunity Act (WIOA) program have been determined eligible, assessed, and served in an ethical manner that is free from any real or perceived conflict of interest.

**II.** **WORKFORCE DEVELOPMENT BOARD (WDB) APPROVAL**

1. Motion 28-2018 approved on September 21, 2018. Revised Motion 42-2019 12/6/19 ***(Revisions in Bold and Italic)*** This Policy Letter replaces Policy Letter 08-2004.
2. This Policy Letter in in compliance with Ohio WIOAPL 15-05.

**III. POLICY LETTER IMPLEMENTATION**

1. The members of the following group(s) or organization(s) are the basis of the Serving Applicants with a Close Relationship to the WIOA Program Policy specific to Area 16. At the eligibility appointment, all WIOA applicants must disclose if a close relationship exists with any of the parties listed below. Applicants must sign the “Service to Family Members, Close Acquaintances, and Stakeholders Disclosure Form.” This form shall be retained in the applicant’s file.

This process will immediately disclose and document any relationship between the applicant and any of the following stakeholders of the workforce development system:

1. ***Chief*** Elected Officials
2. WDB Members
3. WDB Committee or Subcommittee members (including Youth Council)
4. WIOA executive staff or supervisors (including CDJFS staff and supervisors)
5. WIOA employees
6. OhioMeansJobs center partner staff
7. WIOA sub-recipients and/or contractors; and
8. County Employees
9. No WIOA staff person shall schedule for an interview or interview any family member or close acquaintance or stakeholder where a close, personal relationship exists. Stakeholders will not use their position to influence a decision to enroll an individual in the WIOA program. No family member, close acquaintance or stakeholder, as defined below, shall receive favorable treatment for enrollment into services provided by WIOA.
10. Participants may not be assigned to a worksite where they will be supervised by someone with a close personal relationship (i.e. business where the participant will be supervised by a relative or working at a family business).
11. This policy also applies to Youth, but the CCMEP Youth Program utilized their own eligibility and verification form.

**Definitions**

*Bright-line test*: An objective rule that resolves a legal issue in a straightforward, predictable manner.

*Close relationships*: The applicant’s prior and/or present social interactions and/or business dealings with stakeholders of the workforce development system gives a reasonable observer cause to believe that the applicant’s access to WIOA program services would be based upon this relationship, as opposed to demonstrated need.

*Close Family Member:*

Includes parents, stepparents, spouse, domestic partner, children, step- children, foster children, siblings, grandchildren, grandparents, and any immediate relatives by blood or marriage (ie in-laws, cousins, nieces, nephews, aunts and uncles).

*Stakeholders:*

Individuals not related but have direct or indirect management or responsibility for managing the WIOA workforce system (including WIOA executive staff, supervisors, chief elected officials, contractors (i.e. adult, dislocated worker, or youth program vendors) WDB16 and subcommittee members, WIOA employees, and OhioMeansJobs Center partner staff.

**Review for WIOA Eligibility if such Relationships Exist**

1. If an applicant is a family member of a ***Chief*** Elected Official, WDB Member, WDB Committee or Subcommittee member, Youth Council Member, WIOA executive staff or supervisor, CDJFS executive staff or supervisor or Contractor executive staff or supervisor, the eligibility process for that family member must be reviewed by WDB 6, which WDB16 has a mutual agreement for such circumstances. Once the eligibility process is completed, the other area will submit in writing to the Area 16 Staff to the Board, WDB Chair, Council of Government (COG) Chair and the county program operator that the eligibility process followed Area 16 policies and that the application is approved.
2. If an applicant is a family member of a WIOA employee or One-Stop partner employee in a county, the eligibility process for that family member must be reviewed by another county WIOA staff in Area 16. Once the eligibility process is completed, the other county WIOA staff person will submit in writing to the Area 16 Staff to the Board, WDB Chair, COG Chair and the county program operator that the eligibility process followed Area 16 policies and that the application is approved.
3. If the applicant is a family member of a county employee or Contractor, county WIOA staff may conduct the eligibility process for the family member. The WIOA Director or Supervisor must review the application file to assure that Area 16 policies were followed. The WIOA Director or Supervisor shall document that they have reviewed the eligibility process and that Area 16 policies were followed and that the application is approved.
4. All correspondence shall be kept on file by the County Program Operator, with a copy provided to the WDA16 Staff to the Board, and available for monitoring and audit reviews. Monitoring will be conducted a minimum of once per year to review participants enrolled under this policy.
5. Counties must maintain a list of participants served under this policy including name, SSN, enrollment date and description of services received.

The following forms must be completed and maintained in the participant’s file: 1) Services to Family Members, Close Acquaintances and Stakeholders Disclosure form, and 2) Application for Services to Family Members, Close Acquaintances and Stakeholders (completed by the appropriate authorized representative based on the specific case).

**WIOA Area 16** **Disclosure**

**Service to Family Members, Close Acquaintances and Stakeholders**

Individuals related by blood, adoption, or marriage which includes wife, husband, domestic partner, son, daughter, mother, father, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, parents, step-parents, aunt, uncle, niece, nephew, cousin, grandparents, grandchildren, step-child or foster children of any parties listed below **will not** receive preferential treatment for enrollment into WIOA. Individuals who have a close, personal relationship with any parties listed below **will not** receive preferential treatment for enrollment into WIOA.

a. ***Chief*** elected officials

1. WDB members
2. WDB committee or subcommittee members (including Youth Council)
3. WIOA executive staff and supervisors (including CDJFS staff and supervisors)
4. WIOA employees
5. OhioMeansJobs center partner staff
6. WIOA sub-recipients and/or contractors
7. County employees

Are you related to any of the parties listed above or have a close, personal relationship with any of the parties listed above? 🞏 **Yes /** 🞏 **No**

If yes, please list the individual’s name.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answering **"YES"** to the above question does not deny you WIOA participant services. Your application will be reviewed in accordance with Area 16 policy. You must also meet eligibility requirements for enrollment into the WIOA Program.

**CERTIFICATION: TO BE SIGNED AFTER THE APPLICANT REVIEWS INFORMATION:**

*I* ***certify to the best of my knowledge the information above is accurate and true. I understand that all information is subject to verification. Falsification shall be grounds for termination and may subject the applicant to prosecution under the law.***

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**SIGNATURE OF APPLICANT DATE**

**WIOA Area 16** **Application**

**Service to Family Members, Close Acquaintances and Stakeholders**

Requesting County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of request for services, including any identifying barriers:

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Relationship information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏 Approved 🞏 Disapproved**

Explanation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reviewed by other county or Workforce Development Area (WDA)

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Other County or WDA Authorized Signature Date

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Area 16 Authorized Signature Date