

**WDA 16**

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**Policy Letter 04-2018 Revised Motion 21-2024 9/13/24**

**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 21-2024 approved on September 13, 2024; revised Motion 28-2018 approved on September 21, 2018. Revised Motion 42-2019 12/6/19 ***(***This Policy Letter replaces Policy Letter 08-2004).
2. This Policy Letter is in compliance with Ohio WIOAPL 15-05.1.

**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. ***Local*** Elected Officials
2. WDB Members or Subcommittee members (including Youth Council)
3. WDB Staff
4. WIOA executive staff or supervisors (including CDJFS staff and supervisors)
5. WIOA employees
6. OhioMeansJobs Center staff including all 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, WDB staff, 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 LocalElected Official, WDB Member or Subcommittee member, Youth Council Member, WIOA executive staff or supervisor, WDB staff, WIOA or CDJFS executive staff or supervisor or WIOA or CDJFS 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, 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 Job Center staff, partner staff in a county, WIOA subrecipient or contractor employee, or a county employee, then 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 and the county program operator that the eligibility process followed Area 16 policies and that the application is approved.
3. For all cases, 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.
6. If a close relationship emerges or changes during the program period, the area will take action to assure that the individual is serviced without bias.
7. WDA16 will provide training for this policy to persons directly involved with assessment and determining eligibility of participants. The area will also inform all new staff members and providers of this policy.
8. Real or perceived violations of this policy shall result in referral, including but not limited to the Ohio Ethics Commission or prosecuting authority for investigation.
9. Through the state’s monitoring system, program monitors will review the area’s documenting of disclosing whether a relationship exists that is covered by this policy as well as the required list of all participants who have disclosed that a close relationship exists during the annual onsite monitoring. They will review for compliance with federal and state laws and regulations. Any issues will be handled through the state’s monitoring resolution process.

End of policy.

**WIOA Area 16 Disclosure** 9.13.24

**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.

* 1. LocalElected Officials

1. WDB Members or Subcommittee members (including Youth Council)
2. WDB Staff
3. WIOA executive staff or supervisors (including CDJFS staff and supervisors)
4. WIOA employees
5. OhioMeansJobs Center staff including all partner staff
6. WIOA sub-recipients and/or contractors; and
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** 9.13.24

**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