



EASTERN WORKFORCE BOARD, INC.

Proudly serving Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah and Wagoner Counties in Oklahoma

NEEDS RELATED PAYMENT POLICY AND PROCEDURE

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Purpose

To give guidance for the administration of Needs Related Payments (NRP) that provides financial assistance to participants for the purpose of enabling individuals to participate in training as per **20 CFR 663.185**.

Guidance

The Workforce Innovation and Opportunity Act (Pub L. 113-128) is the legislative guidance for this document with requirements from **20CFR Workforce Innovation and Opportunity Act Regulations (Final Rules)**. US Department of Labor **Training and Educational Guidance Letters (TEGLs) TEGL 23-24, TEGL 2-15, TEGL 3-15, and TEGL 8-15** are used as guidance from USDOL.

Policy

1. Eastern Workforce Board will ensure that Needs Related Payments will be provided to all eligible participants based on documented financial need, individual circumstances, the absence of other resources and funding limitations.
2. Eastern Workforce Board will ensure that Needs Related Payments will be provided based on the criterion listed in this document.
 - ✓ Eligibility Criteria
 - ✓ Payment Duration
 - ✓ Payment Amount
3. Eastern Workforce Board, under the direction of PL WIOA, has determined that *priority of service* will be given to *individuals who are serving or veterans of the US Armed Forces* regardless of the region's Priority of Service status for WIA Adult programs.
4. On behalf of the Eastern Workforce Board, the Board Staff develops policy and procedures that conform to the pertinent legislation, regulation, state issued policies, and the Board's intent to provide quality customer services.
5. Any modifications to the policy will be based on federal and state legislation, regulation, state issued policies, and Eastern Workforce Board mandates.

Eligibility for Needs Related Payments

• **Adult Eligibility:** the participant must be:

1. Unemployed
2. Not qualify for Unemployment Insurance compensation (UI);
3. Be enrolled in a non-wage paying occupational skills training; and
4. Be meeting the academic and attendance standards for the training institution.

• **Dislocated Worker Eligibility:** the participant must be:

1. *Unemployed and*
 - a. Ceased to qualify for Unemployment Insurance compensation or Trade Readjustment Allowance (TRA) or North American Free Trade Agreement – Transitional Adjustment Assistance (NAFTA-TAA); and
 - b. Be enrolled in a training program by the end of the 13th week after the most recent layoff that resulted in a determination of the worker's eligibility as a dislocated worker, or, if later, by the end of the 8th week after the worker is informed that a short term layoff will exceed six (6) months, **OR**
 - c. Did not qualify for UI compensation, TRA or NAFTA-TAA benefits; **and**
2. Be enrolled in a non-wage paying occupational skills training; **and**
3. Be meeting the academic and attendance standards for the training institution.

Participants will **not** be eligible for Needs Related Payments if (s)he meet any of the following criteria:

- Become employed;
- Make unsatisfactory progress in training (grades and attendance as defined in EWIB policies);
- Enter an On-Job Training or Work Experience;
- Become eligible for Unemployment Insurance Benefits;
- Participate in an out of area job search; or

- Become eligible to receive any Trade Readjustment Allowances, including on the job training allowance; out of the area job search allowance; or relocation allowance.

Payments

Payment Duration:

1. Payments may not exceed thirteen (13) weeks for Adult or Dislocated Worker participants.
2. Payment may be provided for participants who have been accepted into a training program that will begin within thirty (30) calendar days.
3. Payments will cease on the last day of the participant's approved training program.
4. Participants may receive NRPs during regularly scheduled breaks (scheduled school breaks, semester transitions, etc.) in their training programs, provided the breaks do not exceed three (3) weeks in length.
5. During the training period, participant needs related payments will be reduced for any unscheduled absences at a prorated amount based on the daily rate of payment. *Example: Amount of weekly benefit ÷ days per week of training = daily amount of benefit.*
6. If the participant is enrolled in a Pell eligible training, the total amount of WIA assistance is limited by the "cost of attendance" as calculated by the training provider as per OETI 15-2008.
7. Case managers will submit the voucher to access the Needs Related Payment at the end of scheduled pay periods. The participant will sign the voucher after approval from the EWIB office to show concurrence with the payment.
 - a. The payment periods for Needs Related Payments are the 1-15th and the 16th -31st of each month.
 - b. To ensure timely payments, the voucher must be received no later than the third business day after the end of each pay period.
 - c. Checks will be processed within three business days after receipt of the approved and signed voucher and the appropriate supporting documentation.

Payment Level:

1. Payments for Adult participants may not exceed ***the equivalent weekly amount of the Health and Human Services Poverty Guidelines income for a family of one.***
 - a. The amount of the Health and Human Services Poverty Guidelines income for a family of one as per **OETI 05-2009 is \$208.27 per week.**
2. Payments for Dislocated Worker participants may not exceed the greater of:
 - a. The weekly level of UI compensation; or
 - b. For participants who did not qualify for UI compensation, the payment may not exceed ***the equivalent weekly amount of the Health and Human Services Poverty Guidelines income,*** which must be adjusted to reflect changes in total family income.

Requesting a Needs Related Payment Contract

Case managers should help customers identify occupational skills training that will assist them in attaining their career goals. A variety of support is available to WIA customers as they move toward employment and self-sufficiency. Federal law requires that WIA funds are the last resource available to the customer. The absence of documentation that no other services are available can lead to questioned or disallowed costs. ***Case managers are required to utilize the services and programs offered through workforce system to maximize the benefit to the customer before offering WIA funded assistance.***

Documentation in Oklahoma Service Link for Needs Related Payment Contract Requested.

Instructions	Example
Data Validation in “Program Notes” field: Staff must enter in the need for Needs Related Payments, the length of time and the proposed weekly amount.	<u>NRP Contract Requested – 09/10/2009</u> Daffy is an Adult customer who is in need of additional support income to attend training until he can find a part time job to help with his personal expenses. I am proposing Daffy receive \$208 a week for 13 weeks.

Oklahoma Service Link Service and Training Plan must also be updated with the appropriate information.

The following steps are necessary for the approval of Needs Related Payments:

1. When submitting a request, the following documentation must accompany the request:
 - a. The **Needs Related Payment Participant Contract**
 - i) This form should be unsigned by the participant and the case manager until approval has been obtained from the appropriate EWIB staff.
 - b. The original Needs Related Payment Eligibility Determination form signed by the participant and case manager.
 - c. A copy of the approved Individual Training Account (ITA) contract.
 - d. A copy of the approved Training Voucher for the time period the Needs Related Payment is requested.
 - e. Proof the participant is making satisfactory progress.
 - f. A copy of the participants UI benefits, if necessary.
 - g. Documentation of family size
 - h. Documentation of the previous month’s income
2. EWIB staff will evaluate the request and respond to the contracted staff with a decision within three (3) business days by e-mail.
 - a. EWIB staff may ask for additional documentation prior to approving the obligation of funds.
 - b. NPRs requiring additional or corrected documentation will not be approved until the requested documentation is submitted by the contracted staff.
 - c. In the event an NPR is denied, EWIB staff will respond in writing with the reason why the NPR was denied at the administrative level and suggest corrective action so the NPR can be approved.
3. The NPR contract will be given a unique number by the EWIB staff. This tracking number will appear on all the customer’s subsequent NRP voucher requests.
4. **Needs Related Payments count toward the unmet need training costs as determined by the training institution on the Coordination of Training Funds form.** Training costs are expenditures required by the institution but not paid directly to the institution.
 - a. The procedure to track Needs Related Payments against the unmet need is located in this document.
5. In the event that the training institution is not Pell Grant eligible and the unmet financial need is equal to the cost of attendance, needs related payments may be authorized on a case by case basis for an amount that exceeds the unmet financial need on the Coordination of Training Funds form. The NRP must be allowable and necessary for participation in occupational skills training.

Completing the NPR Participant Contract

The following steps will enable a case manager to successfully complete the Needs Related Payment Request form.

1. **NPR Number:** Will be completed by the appropriate EWIB staff upon approval of the NRP.
2. **Student Name:** Enter the name of the customer who will be attending training.
3. **ID No.:** Enter the customer's OSL participant number.
4. **Demand Occupation:** Enter the name of the demand occupation related to the course of training.
5. **Training program:** Enter the program of training the customer wishes to pursue.
6. **Duration of Needs Related Payments:** Enter the start date and projected end date for the Needs Related Payments.
7. **Weekly Amount of NPR:** The amount of the weekly Needs Related Payment.
8. **Total NRP Amount:** The amount of Needs Related Payments that Workforce Oklahoma will provide.

After an NRP contract has been approved by EWIB, it must be signed by the customer and the case manager in blue ink. The following information must be recorded in OSL after the approval process.

Documentation in Oklahoma Service Link for ITA Established.

Instructions	Example
Data Validation in "Program Notes" field: Staff must enter in the approved NRP number, the length of time, and the amount established.	<u>NRP Approved – 09/13/09</u> NRP No. NR-09-OK-01A established 09/15/09 to 12/15/09 in the weekly amount of \$208.27 for total amount of \$2,707.51.

Oklahoma Service Link Service and Training Plan must also be updated with the appropriate information.

It is recommended that the case manager print three (3) copies of the NPR contract for original signatures. A hard copy of the customer's approved and signed NPR form with back up documentation must be placed in the customer's paper file. The original form signed in blue ink must be sent to the EWIB offices after being approved by EWIB in order for the Accounting Office to issue the payment. The final copy should be given to the customer.

Needs Related Payment Voucher

After the NRP contract is approved, a voucher must be submitted to access funds obligated by the NRP Contract. Vouchers may be submitted a maximum of twice a month to access the Needs Related Payment contract. It is the case manager's responsibility to ensure the vouchers do not exceed the NRP contract approved dollar amount or the allocated time frame.

In order to continue access to the NRP, the customer must be making satisfactory progress in their training program. Satisfactory progress is defined as maintaining a passing cumulative grade point average or receiving passing scores in all courses related to the training program as well meeting all attendance and behavioral requirements of the institution. The training institution must certify that the student is meeting grade point average, behavior and attendance requirements prior to Workforce Oklahoma issuing the next voucher. This may be done by a letter from the registrar of the institution.

Procedure to Request Needs Related Payment Voucher

The procedure to request payments on behalf of a customer has several steps. Payment requests will be approved through the EWIB vouchering system. To request a payment against the contract, the following steps need to occur:

1. The case manager will submit the request to the appropriate EWIB staff for review with the appropriate documentation.

- a. All e-mail requests must contain the EWIB Needs Related Payment Voucher.
 - b. Requests must be accompanied by the appropriate supporting documentation.
 - c. Case manager must document the request and the justification for the request in case notes and the Services and Training Plan in Oklahoma Service Link.
2. EWIB staff will evaluate the request and respond to the case manager with a decision within 24 business hours by e-mail.
 - a. EWIB staff may ask for additional documentation prior to approving the obligation of funds.
 - b. Vouchers requiring additional or corrected documentation will not be approved until the requested documentation is submitted.
 - c. In the event a voucher is denied, EWIB staff will respond in writing why the voucher was denied at the administrative level.
 3. The case manager is responsible for presenting the voucher to the customer and arranging for the delivery of the Needs Related Payment.
 - a. Case manager should print three copies of the voucher in colored ink.
 - i. One voucher will be given to the customer while the other signed voucher should be placed in the customer's original file with a copy of the support documents. The final voucher with the original support documentation will be given to the EWIB Accounting Office for payment.
 - b. Case managers will sign and date the vouchers in blue ink and request the customer sign and date the vouchers in blue ink before releasing the voucher to the customer.
 4. Copies of the original documentation required to be placed in the customer's file located in the EWIB offices include the EWIB approved voucher, signed and dated by the customer and case manager and copies of all support documentation including signed and dated customer check receipts.

EWIB has listed required documentation in this policy. In extenuating circumstances, other documentation should be considered in order to assist the customer. All documentation other than what is listed must be approved by the appropriate EWIB staff prior to authorizing the expenditure.

After an NRP voucher has been approved by EWIB, it must be signed by the customer and the case manager in blue ink. The following information must be recorded in OSL after the approval process.

Documentation in Oklahoma Service Link for NRP Established.

Instructions	Example
<p>Data Validation in "Program Notes" field: Staff must enter in the approved NRP number, the length of time, and the amount established.</p>	<p><u>NRP Voucher</u> – 09/30/09 NRP Voucher No. NP-09-OK-01A issued on 9/30/2009 in the amount of \$416.54 for two weeks of Needs Related Payments. Daffy reports that he has 4 weeks of classes left.</p>

Oklahoma Service Link Service and Training Plan must also be updated with the appropriate information.

Tracking Needs Related Payments

According to **OETI 15-2008**: *“Training related costs not available through the eligible training provider must be provided as a supportive service in accordance with local supportive service policy and procurement policy, and must not to exceed the unmet need that was determined by the financial aid officer.”*

All Needs Related Payment vouchers must be tracked against the customer's unmet need determined by the training institution. The unmet need is reported on the Coordination of Training Funds form located in the EWIB Individual Training Account Policy and Procedures. Case managers are required to complete the Needs Related Payment Tracking Form located on page. This form will track all obligated and expended costs to ensure that the Needs Related Payments along with supportive services do not exceed the customer's unmet need for training as determined by the training institution.

Completing the Needs Related Payment Tracking Form

1. In the box at the top of the form upon receiving an EWIB approved NRP, the case manager will record the Student's Name, OSL ID number, training provide and program, the unmet need amount, duration of NRPs, the weekly amount of NRPs and the total NPR amount.

Example:

STUDENT NAME: Daffy Dux	ID No: 123546
TRAINING PROVIDER AND PROGRAM: Northeastern State University - BSN	
DURATION OF NEEDS RELATED PAYMENTS: 09-15-2009 TO 12-15-2009	
WEEKLY AMOUNT OF NRP: \$208.27	TOTAL NPR AMOUNT: \$2,707.51

2. The case manager will record the date of the action and a description of the action. Coordination of Training Funds is to be referred to as COTF. For vouchers, the description should be the date the voucher was approved by EWIB and the voucher number.

Example:

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED SUPPORTIVE SERVICES	TOTAL NRP CONTRACT AMOUNT	NRP VOUCHER AMOUNT	NRP BALANCE
08-08-2009 COTF	12,850				
9-10-2008 SSV-09-WA-203		500			

3. The case manager will record the amount of the unmet need in the unmet need column.

Example:

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED SUPPORTIVE SERVICES	TOTAL NRP CONTRACT	NRP VOUCHER AMOUNT	NRP BALANCE
08-08-2009 COTF	12,850				

4. The case manager will record the amount of any obligated supportive service voucher in the Obligated Amount column.

Example:

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED SUPPORTIVE SERVICES	TOTAL NRP CONTRACT	NRP VOUCHER AMOUNT	NRP BALANCE
08-08-2009 COTF	12,850				
9-10-2008 SSV-09-WA-203		500			

5. The case manager will record the total amount of the obligated Needs Related Payment Contract.

Example:

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED SUPPORTIVE SERVICES	TOTAL NRP CONTRACT	NRP VOUCHER AMOUNT	NRP BALANCE
08-08-2009 COTF	12,850				
9-10-2008 SSV-09-WA-203		500			
9-15-2009 NR-09-WA-25A established			2707.51		

6. The case manager will record the amount of amount of each Needs Related Payment Voucher.

Example:

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED SUPPORTIVE SERVICES	TOTAL NRP CONTRACT	NRP VOUCHER AMOUNT	NRP BALANCE
08-08-2009 COTF	12,850				
9-10-2008 SSV-09-WA-203		500			
9-15-2009 NR-09-WA-25A established			2707.51		
9-30-2009 NP-09-WA-1A payment				\$416.54	

7. The case manager will subtract the amount of the Needs Related Payment Voucher from the

Total NRP Contract Amount. The case manager is required to keep running balance of all NRP in order to ensure that the total amount of NRP does not exceed the total Unmet Need as determined from the COTF.

Example:

DATE AND DESCRIPTION	UNMET NEED	OBLIGATED SUPPORTIVE SERVICES	TOTAL NRP CONTRACT	NRP VOUCHER AMOUNT	NRP BALANCE
08-08-2009 COTF	12,850				
9-10-2008 SSV-09-WA-203		500			
9-15-2009 NR-09-WA-25A established			2707.51		
9-30-2009 NP-09-WA-1A payment				\$416.54	\$2,290.97

PROCEDURES TO PREVENT FRAUD AND TO COLLECT FRAUDULENTLY OBTAINED PAYMENTS

Case managers are required to cross check to ensure the customer is not receiving UI, TRA and NRP at the same time. This verification documentation is a required part of the supporting documentation for each Needs Related Payment request.

To verify the receipt of TRA payments, inquiries should be emailed to:

April Johnson, TRA/DUA Coordinator
OK Employment Security Commission
<mailto:april.johnson@oesc.state.ok.us>

Case managers will verify training participation before payments are authorized.

In the event of fraud, all WIA funds obtained from the date of the fraud will be subject to collection from appropriate sources. In the case of discovery of fraudulent activity, all payments to the fraudulent party will cease and all funds paid will attempt to be recovered. All cases of fraud or suspected fraud will be forwarded to the proper authorities upon discovery.

Forms



Eastern Workforce Investment Board

215 State Street Suite 400 ♦ Muskogee, OK ♦ 74401

Phone: 918-683-8553 ♦ Fax: 918-682-3258

NEEDS RELATED PAYMENTS ASSESSMENT

STUDENT NAME: _____	ID No: _____
TRAINING PROVIDER: _____	
TRAINING PROGRAM: _____	

Eligibility Determination Assessment

- Are you unemployed or have you received notification of a lay off? Yes No
- Do you qualify for Unemployment Insurance Compensation Benefits(UI)? Yes No
- Do you qualify for additional state UI Benefits such as training benefits? Yes No
- Do you qualify for Trade Readjustment Allowances (TRA)? Yes No
- Have you ceased to qualify for UI Benefits? Yes No
- Have you ceased to qualify for additional state UI Benefits? Yes No
- Have you ceased to qualify for Trade Readjustment Allowances Yes No
- Will other resources meet your need to support you while attending training full time? Yes No
- Do you need income support beyond your other resources available in order to participate in full-time training? Yes No

I certify all answers and statements are true and completed to the best of my ability. I understand that any untruthful or misleading answers are cause for rejection of my determination or fraud of miss payment, which may require repayment of any needs related payments. I have received a copy of this document for my records.

Customer Signature

Date

I certify that I have reviewed the terms of this document with the above participant.

Case Manager Signature

Date

IMPORTANT! This document(s) contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document. **DEADLINE FOR APPEAL:** If you disagree with this determination or decision, you must file an appeal before the deadline noted in this document. **IMMEDIATELY:** if needed, call (800) 722-0353 for assistance in the translation and understanding of the information in the document(s) received.



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EWIB Needs Related Payments Policy and Procedure

EWIB is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are Available upon Request to Individuals with Disabilities. This document is funded in whole or in part by funds received from the US Department of Labor as administered by Oklahoma Office of Workforce Development.



Eastern Workforce Investment Board

215 State Street Suite 400 ♦ Muskogee, OK ♦ 74401
Phone: 918-683-8553 ♦ Fax: 918-682-3258

NEEDS RELATED PAYMENTS CONTRACT

NPR Number: _____

Student Name: _____ ID No: _____

Training Provider: _____

Training Program: _____

Duration of Needs Related Payments: _____ TO _____

Eastern Workforce Investment Board agrees to sponsor the student in the program listed on this Needs Related Payment Contract for the time period not to exceed 13 weeks or the total amount listed below. This contract authorizes the use of Needs Related Payment Vouchers.

Weekly NRP Amount: _____ Total NRP Amount: _____

As a participant of Workforce Oklahoma, I agree to accept Needs Related Payments under the following guidelines:

1. I understand that Needs Related Payments are for a specific amount of time and funding. I understand that continued payments are contingent upon continued availability of funds from the Department of Labor; satisfactory progress in training; compliance with program policy and procedures; and compliance with my Individual Employment Plan as jointly developed with my case manager.
2. I understand that Needs Related Payments are not intended to provide the entire amount of income support needed to complete my training program.
3. I understand that Needs Related Payments are determined objective assessment and support analysis by Workforce Oklahoma staff. I understand that the weekly level of my Needs Related Payment are determined
4. I agree that I am responsible for providing information regarding my training to my case manager.
5. I agree to submit my Needs Related Payment Time sheet on the 15th and the last day of the month and all supporting documents to my case manager for prompt payment.
6. I agree to advise my case manager of any issues that may arise that could affect the completion of my training program.
7. I agree to submit a completed monthly training time sheet to my case manager by the 10th day of every month while I am receiving Workforce Oklahoma funds for training.
8. I agree to provide my case manager with a copy of my certificate upon completion of my training program.

My case manager has explained this document and my rights and responsibilities as a Workforce Oklahoma customer and I agree to the terms contained in this document. I have received a copy of this document for my records.

IMPORTANT! This document(s) contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document. **DEADLINE FOR APPEAL:** If you disagree with this determination or decision, you must file an appeal before the deadline noted in this document. **IMMEDIATELY:** if needed, call (800) 722-0353 for assistance in the translation and understanding of the information in the document(s) received.

Customer Signature

Date

I certify that I have reviewed the terms of this document with the above participant.

Case Manager Signature

Date

NOT VALID WITHOUT DIGITAL SIGNATURE OF AUTHORIZED EWIB OFFICIAL



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EASTERN WORKFORCE INVESTMENT BOARD

215 State St. Suite 400. □ P.O. Box 2698 □ Muskogee, OK
74401 Phone: 918 683-8553 □ Fax: 918 682-3258

NEEDS RELATED PAYMENTS VOUCHER

CONTRACT NUMBER: _____	
PARTICIPANT NAME: _____	OSL ID NUMBER: _____
TRAINING INSTITUTION NAME: _____	
NRP PERIOD START DATE: _____	NRP PERIOD END DATE: _____

** For prompt payment, this completed form must be accompanied by the appropriate supporting documentation.*

TOTAL DAYS OF TRAINING _____ NRP WEEKLY RATE: _____ AMOUNT PAID: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30	31											

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I, the undersigned, certify the above information is true and correct and I have received a copy of this document for my records.

_____ Customer Signature _____ Date

I, the undersigned, certify that I have reviewed the terms of this document with the above participant.

_____ Case Manager Signature _____ Date

~ For EWIB Use Only ~	
TOTAL NPR WEEKS _____	TOTAL CONTRACT AMOUNT _____ FUNDING STREAM: _____
WEEKS USED THIS PERIOD: _____	REIMBURSEMENT RATE: _____ CURRENT REIMBURSEMENT: _____
WEEKS USED TO DATE: _____	NRP TO DATE: _____
REMAINING WEEKS: _____	REMAINING BALANCE: _____
REIMBURSEMENT PAID BY CHECK _____ IN THE AMOUNT OF \$ _____ ISSUED ON _____.	



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