

**GLOW WORKFORCE DEVELOPMENT BOARD POLICY
UNDER THE WORKFORCE INNOVATION OPPORTUNITY ACT (WIOA)**

NAME OF POLICY: GLOW Ticket To Work Revenue Funds for Training Policy

GLOW WDB APPROVAL DATE: 12/12/14

AMENDED EFFECTIVE DATE: 9/18/18

Ticket To Work Program

The Ticket To Work Program assists individuals with disabilities who receive Social Security Benefits to achieve their employment goals. The Research Foundation of Mental Health will pay out any funds received from the Social Security Administration to participating LWIAs related to outcomes from the previous time period where wage data is available. Payment amounts will vary depending on the outcomes achieved by the Beneficiaries served by the LWIA.

The GLOW WDB has received revenue funds for the Ticket To Work milestones that have been reached. The amount is currently \$58,362.34. The funds must be used for related employment services with disabilities.

The GLOW WDB will utilize these funds to:

- Provide Training (ITA, OJT, Work Experience) and Supportive Services to GLOW customers with disabilities with a documented disability (note from medical practitioner, person receiving SSI or DI, is/was approved for services in a State Vocational Rehabilitation program).

Amount of Funding

For an eligible Ticket To Work customer, the total amount authorized may not exceed \$3,000. This includes Books, Supplies, and Fees required by the course, which are considered part of the cost of the training, as well as any supportive services. Individuals who are eligible for ACCES-VR and approved for training by their counselor will utilize ACCES-VR funds with final decision approved by GLOW WDB Director for individual consideration.

Process to Apply for Ticket To Work Revenue Funds

Prior to approval of any Ticket To Work Training, staff will have completed the following activities:

- An eligibility intake (DEV) - including all the necessary documents in the customer file, and enrollment in OSOS with case notes documenting eligibility.
- Objective Assessment
- A completed Individual Service Strategy signed by the participant

Once the Service Provider has completed the required activities listed above, they will complete the GLOW WDB Ticket To Work Revenue Training Funds Approval Form and submit it to the GLOW WDB Executive Director of the GLOW WDB for final approval and payment before the training starts. The funds will then be moved from the unallocated line to the appropriate service provider budget and budget line. Service providers will be able to pay the invoice, order cash, and report this on a monthly basis. The amount of training costs paid

for on behalf of each service provider will be tracked and reported to the Board and the service providers periodically.

GLOW TRAINING FOR TICKET TO WORK REVENUE FUNDS APPROVAL FORM

Must be submitted prior to Training to GLOW WDB Director jlazarony@co.genesee.ny.us

INDIVIDUAL TRAINING ACCOUNT

Service Provider Name: _____ Date: _____
Customer's Last Name, First Initial: _____, _____ OSOS ID#: _____
Type of ITA: _____ Training Start Date: _____ End Date: _____
What is the type of eligible documentation that was provided for the disability: _____
Name of Training Provider: _____
Are they listed on the NYS Eligibility Training Provider List? _____ Yes _____ No
Amount of Funding: _____
Summary of Situation: _____

ON-THE-JOB TRAINING OR WORK EXPERIENCE

Service Provider Name: _____ Date: _____
Customer's(s) Last Name, First Initial: _____, _____ OSOS ID#: _____
What is the type of eligible documentation that was provided for the disability: _____
Employer Worksite: _____ Training Start Date: _____ End Date: _____
Estimated Amount for OJT/WE: _____
Summary of Situation: _____

SUPPORTIVE SERVICES

Service Provider Name: _____ Date: _____
Customer's Last Name, First Initial: _____, _____ OSOS ID#: _____
What is the type of eligible documentation that was provided for the disability: _____
Type of Supportive Services: _____ Estimated Amount::: _____
Summary of Situation: _____

Service Provider Signature _____ Date: _____

Approval by WDB Executive Director

Name: Jay Lazarony Date: _____

Signature: _____

