

MISSISSIPPI
Policy Number 27
RELOCATION ASSISTANCE
FOR HURRICANE KATRINA
WIA NATIONAL EMERGENCY GRANT POLICY
Workforce Investment Act

I. SCOPE AND PURPOSE

20 CFR 663.220 of the Workforce Investment Act (WIA) allows funds allocated to a local area to be used for the provision of intensive services to adults and dislocated workers. Further, the Workforce Investment Act recognizes the need to assist participants in obtaining services and training and retaining employment. Consequently, WIA funds may be used to provide needed intensive services to participants when the needed assistance is not available through non-WIA sources.

As a result of Hurricane Katrina which struck the Mississippi Gulf Coast on August 29, 2005, many of the State's citizens were displaced to other states and other regions in Mississippi. The Mississippi Department of Employment Security is working with Manpower Inc. and others to develop and implement a "Coming Home Portfolio." The portfolio provides resources to assist displaced individuals in coming home to Mississippi to be employed or to receive training necessary for employment or reemployment. One service recognized as essential to the success of the coming home process is relocation assistance. The purpose of this policy is to set forth the criteria for providing relocation assistance and to describe the reimbursement system and methodology. Relocation assistance will be provided to cover travel expenses including mileage and per diem (meals and accommodations).

II. REQUIREMENTS

A. Eligibility

WIA National Emergency Grant funded relocation assistance shall be available to participants who:

1. Were displaced by Hurricane Katrina, at a distance of more than 150 miles from the place of residence held on August 28, 2005; and
2. Are enrolled in the WIA program.

B. Determination of Relocation Assistance Needs and Requirements

Need for relocation assistance to assist individuals to return home and support their participation in NEG activities will be determined as follows:

1. Pre-Determination

Individuals who have been displaced as a result of Hurricane Katrina and who find their way to a WIA support One-Stop or a Manpower office will be provided information in the "Coming Home Portfolio" concerning the availability of relocation assistance to return to Mississippi or their home county prior to Hurricane Katrina. A Relocation Plan (see Attachment A)

will be developed by One-Stop or Manpower staff. The following information should encourage affected individuals to ensure the following prior to relocating:

- a. Relocation was not available from other sources, and
- b. Adequate affordable housing is available and/or secured, and
- c. There is a valid job offer, or
- d. There is training available in a demand occupation in which the individual can succeed.

One-Stop or Manpower staff will provide a completed Relocation Plan for the individual desiring to return to the Mississippi Gulf Coast to the appropriate WIN Job Center or a Reintegration Counselor Coordinator. Reimbursement will be made after the individual has returned to Mississippi and is enrolled in the WIA NEG program.

2. Post Relocation Determination

Individuals who have been displaced as a result of Hurricane Katrina and who return to the state or their pre-Katrina residence and find their way to a WIN Job Center within 30 days of returning may apply, and may be eligible to receive reimbursement for relocation expenses. See eligibility requirements below.

At WIA registration and at regular intervals thereafter, Manpower Inc. or WIN Job Center staff shall review the participant's needs to determine if additional supportive services are necessary. The first option shall always be to refer the participant to other agencies or programs providing the needed services through non-WIA sources, such as FEMA or Red Cross.

C. Methodology

Relocation assistance shall be limited to the following:

A relocation allowance may be granted to a dislocated worker who was displaced by Hurricane Katrina, more than 150 miles from the place of residence held on August 28, 2005.

1. Requirements:

- (a) Request for relocation assistance must be made at the local One-Stop/WIN Job Center or a Manpower Center. (See Attachment B)
- (b) The individual must be enrolled in the WIA NEG program.
- (c) A relocation allowance shall not be granted to more than one member of a family with respect to the same location.
- (d) A determination must be made by the local One-Stop/WIN Job Center or Manpower Center that the individual is returning due to a bona fide job, job offer or approved training.
- (e) Relocation must be completed within 10 days from receiving notice that allowances for relocation is approved.

2. Relocation Reimbursements:

- (a) Request for reimbursement of travel expenses, including mileage and per diem (meals and accommodations), must be made within ten (10) days of arriving at the approved point of destination.
- (b) The participant must certify that he/she relocated as a result of Hurricane Katrina. (See Attachment C)
- (c) A debit card will be used for reimbursement payment in the following amounts based on distance traveled:

Distance traveled	Amount allowed
151 – 200 miles	\$100.00
201 – 400 miles	\$200.00
401 – 600 miles	\$400.00
601 – 800 miles	\$500.00
801 miles or more	\$700.00

III. EFFECTIVE DATE

This policy is effective April 1, 2006. It will remain in effect throughout the life of the Hurricane Katrina National Emergency Grant or until rescinded or replaced.

IV. APPROVAL

Wanda Land, Director
Office of Grant Management

SEE ATTACHED FORMS:

WORKING YOUR WAY BACK HOME

ACTION PLAN FOR HURRICANE KATRINA EVACUEE

(NAME) _____

The items checked below indicate the service options you have selected and that you are eligible to receive through the _____ WIN Job Center upon your return to Mississippi for training and/or reemployment.

- Job placement assistance. What type of work are you interested in?
_____.
- An Individual Training Account in the amount of _____ for training as a (an) _____ . You have selected _____ as your training provider. If you successfully complete the training, WIN Job Center staff will assist you with resume preparation and a job search to locate employment in your area or throughout Mississippi.
- Training in one of the State's high-growth, in-demand occupations via placement into a registered apprenticeship program. You have selected _____ as your training provider
_____.
- On-the Job Training (OJT) after placement into permanent employment with
_____.
- Relocation expenses in the amount of _____. This payment will assist with expenses associated with travel, including meals, lodging, and mileage costs. The amount for which you qualify was determined using the following scale, based upon the distance you relocated from Mississippi:

Distance Traveled	Amount Allowed
151-200 miles	\$100.00
201-400 miles	\$200.00
401-600 miles	\$400.00
601-800 miles	\$500.00
801 miles or more	\$700.00

You will be reimbursed for the above amount in the form of a debit card upon your return to Mississippi.

- Payments to assist with the costs associated with overcoming the challenges of participating in training and returning to work as a result of the devastation of the hurricane. NOTE: These payments will not necessarily provide enough money to meet all your needs, but will provide income support beyond what would otherwise be available through other sources, such as Unemployment Insurance (UI) compensation, Federal Emergency Management Agency (FEMA), Red Cross, etc. Payments will be based on your individual needs while in training programs and upon your return to work.

Amount of payment(s) approved (if known): _____

During consultation with the Hurricane Katrina evacuee, identify their additional needs in the areas listed below by checking the appropriate box. Enter the amount they indicate is needed and provide a brief explanation for each:

\$ _____ per week for transportation costs:

\$ _____ per week for child care assistance:

\$ _____ for the following work related tools and equipment necessary for you to obtain and retain employment:

\$ _____ reimbursement for testing/certification/registration fees for a Mississippi State Board exam or license to be able to work in the State in a specific occupation or industry as described below:

\$ _____ per week for housing allowance:

\$ _____ for other needs as specified below:

(Original to file. Fax/e-mail to WIN Job Center contact when evacuee/applicant reports to destination.)

**WORKING YOUR WAY BACK HOME
RELOCATION ASSISTANCE REQUEST**

Name:	Last	First	Middle Initial
Social Security Number:			
Contact Information:	Phone:	Name, if not same as applicant	
Relocation Information			
Current Location:	New Location:		
Applicant's Signature: I certify that I do not have the following Relocation Assistance Options:			
Relocation Assistance Options:	FEMA Assistance: Yes _____ No _____	Red Cross Assistance: Yes _____ No _____	
	Other (Specify Family, Public Agency, etc): _____		
	WIA NEG: Yes _____ No _____		
Estimated Miles To New Location:			
Mode of Transportation:	Personal Vehicle	Public Carrier (Specify: Bus, Train, Air, Other)	
Reason for Relocation			
Job Offer:		Enter Training:	
Type of Job:		Type of Training:	
Name of Business:		Training Provider:	
Street Address:		Street Address:	
City State/Zip Code:		City State/Zip Code:	
Start Date:		Start Date:	
Contact for Verification:	Name:	Name:	
	Phone Number:	Phone Number:	
Verification of Housing (Check which one applies)			
FEMA Trailer	Public Housing	Personal Home	Other (Specify)
Date Housing Available:			

One-Stop/WIN Job Center Referral Contact:

Name: _____ Phone Number: _____

(Original copy to file. Copy to evacuee/applicant)

**WORKING YOUR WAY BACK HOME
APPLICANT RELOCATION ALLOWANCE CERTIFICATION**

	Name:	Last Name	First Name	Middle
Social Security Number				
Address on August 28, 2005:		Address to which Relocated:		
<i>Documentation of residence for both addresses must be attached.</i>				
Relocation Dates				
	Location	Date		
Departed:				
Arrived:				
<p>Applicant Certification: This is to certify that I resided at the above-referenced address in an area affected by Hurricane Katrina, lost my residence and had to relocate until housing was available at the address provided above. This certifies that as a result of these circumstances, I required the assistance described above upon my return to Mississippi for training and/or reemployment. I further certify that I am the only member of my household to receive reimbursement.</p>				
Name:				
Signature:				
Date:				
Current Address:				
Phone Number:				
WIN JOB CENTER CERTIFICATION				
Total Distance Traveled: _____				
Total Amount of Reimbursement Allowed: \$ _____				
Employer/Training:				
Authorized By:				
Signature:				
Date:				