



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Economic Support
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

**FROM: Stephen M. Dow
Policy Analysis & Program Implementation Unit
Work Programs Section**

BWSP OPERATIONS MEMO	
No.:	00-60
File:	2480.5
Date:	08/30/2000
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Non W-2	<input type="checkbox"/>
W-2	<input checked="" type="checkbox"/>
CC	<input type="checkbox"/>
PRIORITY:	HIGH

SUBJECT: COMMUNITY REINVESTMENT (CR)

CROSS REFERENCE: Wisconsin Works and Related Programs Implementation Contract
This memo obsoletes BWSP Operations Memo 99-45.
BWSP Operations Memo 99-70 (this memo remains active except where it conflicts with instructions in this memo).
“Community Reinvestment: Allowable Uses of Wisconsin Works (W-2) Reinvestment Funds” (10/21/98), distributed with W-2 Contract Amendment G and Appendix E (updated 10/01/98).
DES Administrator’s Memo August 30, 2000.

EFFECTIVE DATE: September 1, 2000

PURPOSE

This memo provides updated and additional guidance on Community Reinvestment (CR) funds and proper data reporting processes.

Significant changes in CR include:

1. Deletion of references to automating CR in CARES (not administratively justified).
2. Deletion of the 10% limit on CR expenditures for group services.
3. A revised quarterly report format.
4. Instructions about the definition of “assistance” to be consistent with BWSP Operations Memo 99-70.
5. A revised model application form.

BACKGROUND

A provision in the 1997-1999 Wisconsin Works and Related Programs Implementation Contract allowed agencies early access to unspent contract funding to spend on Community Reinvestment (CR) activities. An announcement was made in 1998 that the Department would implement this contract provision. Initial guidance on allowable uses of CR funds was distributed to W-2 agencies in October, 1998.

W-2 agencies who have chosen to access the CR funds have submitted their plans to the DES Regional Offices outlining how those monies will be used. The Department instructed W-2 agencies that the CR plans must be consistent with the requirements and purposes of the Temporary Assistance for Needy Families (TANF) program, and furthermore that services must be allowable under TANF.

TANF purposes:

- End the dependence of families on government benefits.
- Provide assistance that enables children to be cared for by parents or in the homes of relatives.
- Prevent and reduce the incidence of out of wedlock pregnancies.
- Encourage the formation and maintenance of two-parent families.

GEOGRAPHICAL AREAS

It is permissible for agencies to use their CR funds beyond their geographical boundaries when the agencies concerned agree to such expenditures. For further details in this regard, see the DES Administrator's Memo dated in late August, 2000, about CR.

ELEMENTS OF ALLOWABLE CR PLAN

Agencies were instructed to adhere to the following guidelines to develop an allowable CR plan:

1. Agencies may provide services as described under the federal fiscal year 1999-federal fiscal year 2000 Wisconsin Temporary Assistance for Needy Families (TANF) block grant state plan. Agencies that sought to provide services already described in the state plan could implement CR activities immediately upon approval from the Department; agencies proposing activities not included must wait for the Department to modify the state TANF plan.
2. These monies may be used to serve families whose income does not exceed 200% of the federal poverty level.
3. Families to be served must be TANF-eligible [have a minor child in the home, be the non-custodial parent (NCP) of a TANF-eligible minor child, or a pregnant woman].
4. Agencies must be cautious in designing programs and services that result in participants being considered to have received assistance as defined by the Administration for Children and Families, federal Department of Health and Human Services. This may result in a family having months counted toward the 60-month lifetime eligibility limit.

5. Agencies must assure that the services are over and above those required under the Wisconsin Works and Related Programs Implementation Contract and included in their W-2 Plan. This may include providing services outside those described in their W-2 Plan, providing services for a larger number of individuals or a broader range of services than those described in their W-2 Plan or providing monies for work-related tools and equipment, auto repair, emergency housing assistance, etc.
6. Agencies must maintain appropriate data for reporting (see “CR Reporting”).
7. Unless they are group services, Community Reinvestment services are subject to the same verification requirements as other W-2 services.
8. Services provided to families receiving Community Reinvestment funds may be continued for a maximum of 12 months. After 12 months, a review must be completed to issue further services.

THE DEFINITION OF “ASSISTANCE” AND THE IMPACT ON CR REPORTING

The term “assistance” in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA; the federal law that authorizes Temporary Assistance for Needy Families) is used to direct states as to the penalties and prohibitions under TANF and the data collection requirements, among other things. The following discussion reflects a combination of the federal regulations and Wisconsin’s implementing policy.

“Assistance” includes cash payments, vouchers and other forms of benefits designed to meet a family’s ongoing basic needs (food, clothing, shelter, utilities, household goods, personal care items and other general incidental expenses) funded with TANF except¹

1. Nonrecurring, short-term benefits.

“Nonrecurring, short-term benefits” are those intended to deal with a specific crisis or episode of need (that is, not intended to meet ongoing needs) that will not extend beyond 4 consecutive months in a 12-month period.

Example: Rent or security deposits, utility payments, telephone service, payment for personal care items if payment for these services does not exceed 4 months in duration. There is no limit on how much an agency could spend on a family, only that the payments themselves must cease after 4 months. (For example, could pay 6-months back rent to prevent eviction within the 4-month time frame).

¹ It is assumed by the following that individuals receiving the service are not already placed in a W-2T, CSJ or Trial Job placement.

NOTE: A payment for accumulated past expenses exceeding 4 months may be made but not a payment for future expenses exceeding 4 months.

Example: The CR participants are 5 months past due in their rent. If they can satisfy that past due accumulation, they plan to remain renting there for at least the next 12 months. A single CR payment may be made for the 5 months accumulation of past due rent without affecting the 4 month clock. However, no future, only current rent expenses may be paid.

2. Work subsidies paid to employers to help offset the costs of wages, benefits, supervision or training.

This exclusion applies to other work subsidies paid to employers other than W-2 Trial Job subsidies.

Example: On-the-job training, paying for an on-site English as a Second Language interpreter, paying for the employee's share of benefits.

3. Supportive services such as child care and transportation to families that are employed.

To meet the definition of a family who is "employed" at least one eligible adult in the family must be engaged in unsubsidized employment for at least 1 hour per week or engaged in job search/readiness activities requiring child care or transportation for not longer than 4 months. If the family is not employed, assistance must fall into the "non-recurrent" category in order to avoid the "assistance" definition.

Example: Bus passes, reimbursement for gas, or reduced fare cab rides to an individual looking for employment, or engaged in an internship or training program. (NOTE: Child care in Wisconsin, provided under any circumstances through the Child Care program, will not meet the definition of "assistance").

NOTE: While child care subsidies for working families are not defined by federal regulations as "assistance", DES is not approving CR plans that duplicate the state child care subsidy program or that provide copay costs of parents participating in that program.

4. Refundable Earned Income Tax Credits (EITC).

Example: Any cash payments resulting from an individual's successful application for a state or federal EITC.

5. Contributions to, and distributions from Individual Development Accounts.

Some agencies may be using Community Reinvestment dollars to fund Individual Development Accounts.

Example: TANF-funded withdrawals from an Individual Development Account for approved purposes which include post secondary educational expenses, first home purchase, or business capitalization.

6. Services such as counseling, case management, peer support, child care information and referral, transitional services, job retention, job advancement and other employment related services that do not provide basic income support.

Example: Any sort of case management, training, workshops, non-medical AODA or Mental Health treatment, or other services non-monetary in nature provided through the job center system.

7. Transportation provided under the Job Access and Reverse Commute program.

Example: Any transportation assistance provided or funded through the Job Access and Reverse Commute Program. (Currently only operational in Milwaukee, Winnebago, Outagamie, and Fond du Lac counties).

CR REPORTING

Community Reinvestment will not be automated in CARES.

Appropriate tracking and verification of CR activities is critical to ensure that neither the Department nor (by extension) the W-2 agencies are penalized for spending TANF dollars inappropriately. Appropriate data collection and reporting is the only means the federal Department of Health & Human Services (DHHS) has to ensure state program compliance and, as such, it is taken very seriously. DHHS has the authority to financially penalize states to up to 25% of the TANF block grant for failure to comply with program requirements such as data reporting. This data will also help in working with federal authorities in the reauthorization of TANF funding.

Agencies must submit the quarterly report within 25 work days of the month following the quarter. This cycle should be consistent with the submission of CARS data.

There are 3 different groupings of Community Reinvestment (CR) services. These categories mandate different levels of reporting as follows:

NON-ASSISTANCE SERVICES

Services provided to an individual that does not meet the TANF definition of "assistance". These services are not counted toward the 60-month lifetime limit and are not subject to the individual federal reporting requirements. Minimal individual level of data must be tracked to ensure TANF eligibility. Expenditure reporting would be done in CARS.

Examples of this category include:

- Job-search activities.
- Counseling activities, such as alcohol or drug abuse (AODA) or mental health.
- Transportation.
- Child care provided to an employed family, when in the plan and over 185% of FPL.
 - Do not pay for the participants' child care copay.
 - Do not provide CR funds for child care when the CR participants are eligible for regular child care.
- "Nonrecurring" or emergency services.

ASSISTANCE SERVICES

Services provided that meet the federal definition of assistance as described in the TANF rule. These services count toward the federal participation requirements and 60-month time limit. Federal reporting data must be provided at the risk of severe financial penalties.

Examples of this category include:

- Supportive services provided to a family who is not employed.
- Cash, grants or vouchers.

GROUP SERVICES

Services provided in a group format make it difficult to collect individual or family level data.

Examples of group services include:

- hotlines.
- funding to food pantries.
- funding to clothing centers.
- Job Center support funding.

W-2 agencies funding CR services of this nature must use a cost allocation methodology. Expenditure reporting would be done in CARS using the CR CARS profiles. Agencies need to ensure under this scenario that use by families does not constitute “assistance”.

To be DES-approved, a CR plan that includes group services must include a cost allocation plan that incorporates a methodology that reasonably supports and justifies the amount of CR allocation. The methodology may include participant survey data, direct data, or CARES data.

W-2 agencies must stipulate that the appropriate percentage of the budget for these services is met through the use of Community Reinvestment funding. Agencies are encouraged to use existing CARES case information that may already exist for the Food Stamp, Medical Assistance (Medicaid), or Child Care case whenever available.

MODIFYING / UPDATING A CR PLAN

See the August, 2000 DES Administrator’s Memo re Community Reinvestment for instructions about requesting modifications or updates to your CR plan.

CONTACTS

For assistance, contact your Regional Office Area Administrator.

COMMUNITY REINVESTMENT QUARTERLY REPORT

Quarter: x ₁ ₂ ₃ ₄ Year 2000
 (Jan-Mar) (Apr-Jun) (Jul-Sep) (Oct-Dec)

W -2 Contract Agency # 43

CR Plan Activity	Group or Individual	Fiscal Reporting Category	Served By TANF Count	Total Served Count	Ticked Clock Count
Crisis Intervention	G	4007	99	99	0
English as a Second Language	I	4003	99	99	0
Housing Assistance	I	4011	99	99	0

sample

Comments :

Contact Information :

A. W-2 Contract Agency Contact Person
 Signature : _____
 Name (Please Print): _____
 Area Code / Phone #: () _____
 Email Address: _____

B. Regional Office Contact Person
 Signature: _____
 Name (Please Print): _____
 Area Code / Phone #: () _____

COMMUNITY REINVESTMENT QUARTERLY REPORT

Quarter: 1 2 3 4 Year _____
 (Jan- Mar) (Apr -Jun) (Jul-Sep) (Oct-Dec)

W -2 Contract Agency # _____

CR Plan Activity	Group or Individual	Fiscal Reporting Category	Served By TANF Count	Total Served Count	Ticked Clock Count

Comments :

Contact Information :

A. W-2 Contract Agency Contact Person
 Signature : _____
 Name (Please Print): _____
 Area Code / Phone #: () _____
 Email Address: _____

B. Regional Office Contact Person
 Signature: _____
 Name (Please Print): _____
 Area Code / Phone #: () _____

INSTRUCTIONS COMMUNITY REINVESTMENT QUARTERLY REPORTING

PURPOSE

This report must be completed each quarter in which there were Community Reinvestment expenditures other than as a W-2 supplement. The purpose of the report is to record the number of participants served in activities described in your Community Reinvestment Plan and match them to the fiscal service category you used to report the expenditures.

INSTRUCTIONS

ITEM

ENTRY

Quarter	Mark the report quarter
Year	Enter the 4 digit calendar year (for the report quarter)
W-2 Contract Agency #	Enter your contract agency number (see attached list)
CR Plan Activity	Describe the activity as identified in your Community Reinvestment plan. <u>Limit</u> entry to 35 positions, including spaces
<u>G</u> roup or <u>I</u> ndividual	Enter G if it was a group activity Enter I if it was an individual activity (See definition of group and individual activities.)
Fiscal Reporting Category	Enter the profile for the fiscal service category you used to charge this activity: 4002 CR Work Activities 4003 CR Education 4004 CR Family Preservation and Parenting Training 4005 CR Post Employment Services 4006 (not a valid code) 4007 CR Human Services AODA 4008 CR Human Services Domestic Abuse 4009 CR Human Services Child Abuse 4010 CR Youth Services 4011 CR Housing 4012 CR Child Care 4013 CR Loan Program 4014 CR Grant Program 4015 CR Transportation 4016 CR Other Assistance Payment (Use only when the TANF clock ticks) 4017 CR Individual Development Account (IDA)
Served By TANF Count	Enter the number of TANF participants served by the activity. (Note: if the activity occurred more than once during the quarter only count each participant once.)
Total Served Count	Enter the total number of families served by the activity. (Note if the activity occurred more than once during the quarter, only count each family once.)
Ticked Clock Count	Enter the number of families for whom the TANF clock ticked as a result of an activity (see definition of "assistance"). If there were none, enter a zero.



Note: Based on reviewed agency plans, there should be very few instances when this happens. If it does, additional information and actions will be required: W-2 Community Reinvestment Manual Data Report should be completed and attached.

Use this only with Fiscal Reporting Category 4016.

Comment Use the comments portion to provide additional information.

Contact Information W-2 Contract Agency and Regional Office staff should provide the contact information requested in the event any questions arise with report entries.

SUBMITTAL

Submit each quarterly report to the W-2 Contract Manager within 10 days of the end of the quarter. The W-2 Contract Manager will review each report and request clarification or corrections if there are any problems with the reports.

SUMMARY INFORMATION

Data from the quarterly reports will be keyed and summarized. Reports will be created and made available to local agencies.

QUESTIONS

Submit questions to your W-2 Contract Manager.

W-2 Contract Agency #

#	Agency
01	ADAMS W-2
02	ASHLAND W-2
03	BARRON W-2
04	BAYFIELD
05	BROWN W-2
06	BUFFALO
07	BURNETT
08	CALUMET
09	CHIPPEWA W-2
10	CLARK W-2
11	COLUMBIA W-2
12	CRAWFORD W-2
13	DANE W-2
14	DODGE W-2
15	DOOR W-2
16	DOUGLAS W-2
17	DUNN W-2
18	EAU CLAIRE W-2
19	FORWARD SERV (Florence)
20	FOND DU LAC W-2
24	GREEN LAKE W-2
26	IRON W-2
27	JACKSON W-2
28	JEFFERSON W-2

#	Agency
29	WESTERN WIS (Juneau)
30	KENOSHA W-2
31	FORWARD SERV (Kewaunee)
32	LA CROSSE W-2
34	LANGLADE W-2
35	LINCOLN W-2
36	MANITOWOC W-2
37	MARATHON W-2
38	MARINETTE W-2
39	MARQUETTE W-2
41	WESTERN WIS (Monroe)
42	OCONTO W-2
44	OUTAGAMIE W-2
45	OZAUKEE W-2
46	PEPIN W-2
47	PIERCE W-2
48	POLK W-2
49	PORTAGE W-2
50	PRICE W-2
51	RACINE W-2
53	ROCK W-2
54	RUSK W-2
55	ST. CROIX W-2
56	SAUK W-2

#	Agency
57	SAWYER W-2
58	SHAWANO W-2
59	SHEBOYGAN W-2
60	TAYLOR W-2
61	TREMPEALEAU W-2
62	VERNON W-2
64	KAISER GROUP (Walworth)
65	WASHBURN (W-2)
66	WASHINGTON W-2
67	CURTIS & ASSOC (Waukesha)
68	WAUPACA W-2
69	WAUSHARA W-2
70	WINNEBAGO W-2
71	WOOD W-2
72	MENOMINEE W-2
75	MILWAUKEE YW-WORKS
76	MILWAUKEE UMOs
77	MILWAUKEE OIC-GM
78	MILWAUKEE MAXIMUS
80	MILWAUKEE EMPLOYME
81	FORWARD SERV (FOV)
82	W-2 SOUTHWEST CONS
89	BAD RIVER W-2
92	ONEIDA TRIBE W-2

CONTINUE TO RESPOND IF ASSISTANCE WILL BE PROVIDED THAT MUST COUNT TOWARD THE 60-MONTH TIME LIMIT.

Are you age 18 or older?	Yes	No
Are you a Wisconsin resident?	Yes	No
Is there any member of the household who is a fleeing felon avoiding prosecution, or who is violating a condition of probation or parole or who is a convicted drug felon since August 22, 1996? If yes, write in name or names.	Yes	No
Highest Grade Completed: _____	Highest Educational Degree Attained	
	Grade School	GED
	Technical College	High School Diploma
	College Degree(s) (list)	
Are you receiving Supplemental Security Income (SSI)?	Yes	No
Are you receiving Social Security Disability Insurance (SSDI)?	Yes	No
Are you willing to do all of the following?	Yes	No
<ul style="list-style-type: none"> ● give or apply for Social Security Numbers as required? ● report changes (example: family or job status, finances) that may affect your eligibility within ten (10) days? ● cooperate with the child support agency? 		

Absent Parent Information		
Child(ren)'s Name(s)	Absent Parent's Name	Absent Parent's Social Security #

SIGN IN THE PRESENCE OF AN AGENCY REPRESENTATIVE

VERIFICATION

I authorize the W-2 agency, county or tribal human/social services agency and the Department of Workforce Development to request and receive any information that is appropriate and necessary for the proper administration of the Community Reinvestment services. Sources of information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I also understand that any person, including any financial institution, credit reporting agency, employer, or educational institution is authorized to release this information, according to Wisconsin Statute, s.49.22(2m) and s.49.143(5)(a).

"The department may request from any person any information it determines appropriate and necessary for the administration of this section, ss. 49.19, 49.46, 49.468 and 49.47 and programs carrying out the purposes of USC 2011-2029. Any person in this state shall provide this information within seven days after receiving a request under this subsection."

DISCLOSURE/CONSENT

I understand that information on my previous wages and employment from the records of the Unemployment Insurance program may be shared with the W-2 agency (which may be either a public or a private organization) to verify the accuracy of the information provided on this application.

I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of law, that my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member. I agree to provide documents to prove what I said. I understand that the W-2 agency may contact other persons or organizations to obtain necessary proof of my eligibility and level of benefits.

Did the Community Reinvestment Service provide benefits that must be applied toward the 60-month lifetime limit?

Yes

No

If the answer is YES, I have been provided with information regarding time limited benefits, including the Guide to Time Limits pamphlet. I agree and understand that the service(s) received will be applied toward my 60-month lifetime benefit limit.

Signature of Primary Person	Date
Signature of Other Adult	Date
Signature of Authorized Representative	Date
Signature of Agency Witness	Date

TEMPLATE

W-2 COMMUNITY REINVESTMENT MANUAL DATA REPORT

W-2 AGENCIES MUST SUBMIT THIS FORM FOR FEDERAL REPORTING PURPOSES FOR COMMUNITY REINVESTMENT SERVICES THAT MEET THE FEDERAL DEFINITION OF ASSISTANCE, AND MUST COUNT TOWARD THE 60-MONTH LIFETIME LIMIT. **THIS FORM ALSO DOCUMENTS TANF ELIGIBILITY. W-2 AGENCIES THAT FAIL TO COLLECT AND PROVIDE DATA FOR CASES MEETING THE DEFINITION OF ASSISTANCE DO SO AT THEIR OWN RISK.**

W-2 Agency			Reporting Month		
Community Reinvestment Services			Benefit Amount		
CASEHEAD INFORMATION Name				Social Security Number	
Sex: Male Female		Date of Birth		Marital Status	
U.S. Citizen? Yes No		Alien Registration Number			
Qualified Alien? Yes No					
Check the ethnic group of the person applying. You do not have to answer this question, but it will help determine compliance with the Federal Civil Rights Act of 1964. Your answer will not affect your application.					
Black		Hispanic		White	
		American Indian or Alaskan Native		Asian or Pacific Islander	
Highest Grade Completed: _____			Highest Educational Degree Attained		
			Grade School GED		High School Diploma
			Technical College		University/College
			College Degree(s) (list)		
Is person disabled receiving Supplemental Security Income (SSI)?			No		Yes
Is person disabled receiving Social Security Disability Insurance (SSDI)?			No		Yes
Basic Family Information					
Names	Relationship to Casehead	Citizenship	Ethnic Group	Birth Date	Highest Educational Level Attained Highest Educational Degree Attained
Family Income: list all family members income					
Employment Income (Including Self-Employment)					
Family Member	Employer			Monthly Gross Amount	Weekly Hours
				\$	
				\$	
				\$	
Unearned Income (such as child support, SSI, SSDI, inheritance, retirement, interest, grants, charity)					
Family Member	Source			Amount per Month	
				\$	
				\$	
				\$	
Participation Requirements					
Component:			Assigned Hours:		
Component:			Assigned Hours:		
Component:			Assigned Hours:		