ICAN Participant Reimbursements

The following are intended as guidelines for ICAN providers when working with ICAN participants. Participant reimbursements (PR) that are reasonable, necessary, and directly related to ICAN participation are required to be offered/provided. PR can be paid to a household's EBT Card, as a check to the participant or directly to a vendor.

| | ICAN Partner Responsibility |
|--------------------|--|
| | need for support and initial PR eligibility using the spending guidelines. |
| | Employment and PR eligibility, if a PR request is related to employment cost. |
| | he participant to educate them on appropriate verification. Assist as needed to |
| gather the v | |
| | iest for braided funding: |
| | icipants who have income will be required to utilize up to 30% of their hthly income toward housing costs. |
| | icipants may be required to apply for additional assistance through other |
| | grams. (See specific PR types to determine application requirements) |
| proe | Participants who appear eligible for Reach Up are required to apply for that |
| | program prior to being eligible for ICAN PR. |
| | Participants may qualify for ICAN PR while applications are pending. |
| o Part | icipants who are eligible for teaming services within ICAN must be working |
| | ards building their team and engaging with their team to qualify for PR. |
| | • Includes enrollment in other workforce programs including but not limited to |
| | WIOA and HireAbility. |
| | ICAN can support participants while enrollment is pending. |
| o Requ | uest over \$250 must always be reviewed with employment and/or regional teams. |
| - | uest under \$250 can be reviewed with employment and/or regional teams as |
| | ropriate. |
| | icipants may be required to contribute their own funding towards other |
| | icipant reimbursement requests as appropriate based on income or |
| | lable resources. |
| - | rticipant reimbursement services to VJL – 910 Notification Sent . rice note must include details on braided funding exploration, |
| | conability and necessity of the reimbursement. |
| | nd send an ET-910 to ESD. Title email 'ET910 Part ID 11111' |
| | erification and ET-910 into VJL. If verification could not be uploaded send as an |
| | with the ET-910. |
| | ESD Responsibility |
| Review ET-9 | 10s and verification received. |
| | or ICAN enrollment and PR verification and documentation |
| | ns on the request will be communicated to the requesting partner. |
| | R Request will be issued out of ACCESS to the EBT card or as a check. |
| •• | uest is processed ESD will inform the provider. |
| | |
| | Required Vendor Payments |
| | to the household's EBT card, as a check to the participant or as a check to a vendor. |
| | ose how they would like to receive PR but ICAN/ESD can require PR payments be |
| sent to a vendor. | |
| Vendor PR Payments | may be required due to the following (this list is not all inclusive): |
| | ndor requires vendor payments. |
| | |
| | reviously misused or reported possible misuse of PR funds sent to the EBT card* |

• ICAN staff determines that vendor payments are best for the participants*

*Required vendor PR payments should be reviewed regularly to determine if they can stop and funds be sent to the participant directly.

| Employment and PR eligibility | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| New Employment | Customers who enroll in ICAN with new employment (30 days from employment | | | | | | | | |
| at enrollment | start date) can be eligible for PR assistance for employment related cost for 30 days | | | | | | | | |
| | from the date of enrollment in ICAN. Ongoing or Job retention services are not available for this employment. | | | | | | | | |
| New Employment | Customers who gain employment while enrolled in ICAN are eligible for PR | | | | | | | | |
| while enrolled. | assistance for employment related expenses ,if they enroll in the job retention component. The Job retention component must start the first full month after | | | | | | | | |
| **Job Retention | entering the job. (i.e. Participant enrolled in Job Search on 9.1.23 and gains | | | | | | | | |
| Component and | employment 9.20.23 must be enrolled in Job Retention for 10.1.23 to receiving | | | | | | | | |
| Job Start/Career | ongoing supports related to the new employment). | | | | | | | | |
| Advancement S&T Required for these jobs** | Eligible job-related expenses can be covered for a max of 90 days while enrolled in Job Retention. Once the 90-day max has been met, PR can no longer support employment related cost. | | | | | | | | |
| | If a customer chooses not to enroll in job retention for their new employment, they are not eligible for PR assistance for expenses related to that employment. | | | | | | | | |
| Ongoing | Generally, PR is not available for ongoing employment. PR may be made available | | | | | | | | |
| Employment: | for career advanced at a current employer. Career Advancement could include but | | | | | | | | |
| | is not limited to: | | | | | | | | |
| | A new position (Promotion) | | | | | | | | |
| | More Hours or customers when connected to a new skill or credentials | | | | | | | | |
| | obtained through ICAN. | | | | | | | | |

ICAN Spending Guidelines

The purpose of these guidelines is to provide parameters around making spending decisions for ICAN participants. When deciding "who should pay for what" the following should be considered:

- ICAN funds must supplement <u>not</u> supplant existing services or funding streams
- ICAN expenditures must relate directly to an individualized service plan
- ICAN funds <u>can</u> be combined with other funds to meet the needs of the participant
- The ICAN spending guidelines are <u>not</u> absolute maximums or minimums. Consult with ESD for approval.
- ICAN is meant to be a short-term intervention with the goal of moving people to employment (Therefore, spending on longer term services such as post-secondary education more than two years would not be an appropriate expenditure)
- Verification (Receipts, Bills, Statement of Needs) is required to be uploaded into VJL for each expenditure/reimbursement given
- If ICAN is paying a portion of an item, then the participant <u>must</u> have a plan to pay the other portion. (Braided funded or participant contributions)
- If an item is in shut off or eviction status ICAN payments would need to prevent shut off or eviction to be allowed.

| Code | Туре | Item | Allowable | Notes | Suggested Verification |
|------|----------------|--|-----------|--|--|
| ST | Transportation | Automobile Insurance | Yes | Maximum of two months to make car legal to drive. (Liability preferred) Non- refundable. Cost not included in \$1000 transportation cap. | Receipt Premium Bill Policy Statement Vehicle Registration (to confirm ownership) |
| - | - | Automobile Ownership - Vehicle Purchase | No | Includes:Operator Taxes | - |
| ST | Transporation | Automobile Tires | Yes | Cost included in \$1000 transporation cap. Tire purchase must have occurred on or after 10/1/23. | Receipts Cost estimates from store/website. |
| ST | Transportation | Bicycle/eBike | Yes | Includes: helmet, locks, reflectors, and other safety items. eBike: Participants must apply for the State of Vermont Incentive Program for eBikes before requesting reimbursement from ICAN. The Incentive Program application has to be processed prior to ICAN assistance. https://www.driveelectricvt.com/inc entives/vermont-state- | Receipt Cost Estimates from Store/Website <i>eBikes</i> only: Decision from the State of Vermont Incentive Program for eBikes. |

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| | | | | incentives#ebikes | | |
| | | | | To qualify for the State of Vermont | | |
| | | | | Incentive Program for eBikes | | |
| | | | | participants must apply before | | |
| | | | | purchasing the eBike. | | |
| | | | | Costs are included in \$1000 | | |
| | | | | transportation cap. | | |
| OT | Other | Books | Yes | Participants may receive assistance | • | Receipt |
| | | | | with reasonable and necessary | • | Statement of need |
| | | | | supplies for training, education or | • | Cost from |
| | | | | employment. | | provider/website. |
| | | | | Includes: | | |
| | | | | textbooks | | |
| | | | | training materials | | |
| DC | Childcare | Child Care | Yes | Allowable for participants or costs | • | Receipt |
| | | | | not eligible for subsidies through | • | Bill |
| | | | | the Vermont Child Care Financial | ٠ | Statement of cost from |
| | | | | Assistance Program - <u>Child Care</u> | | provider |
| | | | | Financial Assistance | • | Child Care Assistance Program denial or |
| | | | | Maximum of two months unless | | documentation cost do |
| | | | | receiving job retention services. | | not qualify for |
| | | | | One additional month can be given | | assistance required. |
| | | | | to participants in job retention. | | |
| | | | | Participants or cost not eligible for | | |
| | | | | subsidies include but are not | | |
| | | | | limited to: | | |
| | | | | Non-Custodial Parents | | |
| | | | | One Time Childcare Need | | |
| | | | | If a participant/cost is ineligible for | | |
| | | | | assistance, but is an approved | | |
| | | | | ICAN activities, you may approve childcare services for the | | |
| | | | | participant through a third party | | |
| | | | | using the Vermont childcare | | |
| | | | | subsidy rate. The schedule of | | |
| | | | | childcare must match the | | |
| | | | | employment/training schedule. | | |
| | | | | See CCFAP-Capped-Rates.pdf | | |
| | | | | (vermont.gov) for Subsidy Rates. | | |
| | | | | | | |
| | | | | ICAN can cover family copayments for childcare when the participant | | |
| | | | | qualifies for childcare assistance. | | |
| OT | Other | Clothing and | Yes | \$300 limit per program year. | • | Receipt |
| | | Shoes | | | • | Statement of need |
| | | | | | • | Cost from |
| | | | | | | provider/website. |

| OT | Other | Course Registration Fees | Yes | Participants may receive ICAN assistance with incurred education related costs necessary for training, education, or employment. | Receipt Bill Statement from program |
|----|----------------|--|-----|---|---|
| OT | Other | Dental Services (Emergency) | Yes | Emergency Dental only –For example causing pain that prevents current participation in ICAN. Must apply for Medicaid <u>Home</u> <u>Page Vermont Health Connect</u> and GA Dental assistance before ICAN can assist. <u>Emergency/General Assistance </u> <u>Department for Children and</u> <u>Families (vermont.gov)</u> Prior to PR approval participant must exhaust all other resources, including coverage through the Affordable Care Act. Does not include: • Dentures • Routine Dental procedures (filling, cleaning, crowns, etc.) | Receipt Bill Statement from provider Statement of need |
| ST | Transportation | Driver's License | Yes | \$65.00 Limit per participant per program year. \$175.00 limit for Enhanced License per participant per program year Includes: Testing Fee and standard license fee. Enhanced license, only if it is required for new employment or specific training or education program. Does not include: penalty reinstatement fees or; debts. Cost not included in \$1000 transportation cap. | Receipt DMV Website Cost |
| - | - | Drug/Alcohol Counseling, Therapy or Treatment | No | - | • - |

| - | | | | | _ | |
|----|-------|-----------------------------|-----|---|---|---|
| ОТ | Other | Drug Testing | Yes | Only if required for new employment or specific training or education program. | • | Receipt Bill Confirmation from job/program |
| ОТ | Other | Fingerprinting | Yes | Only if required for new employment or specific training or education program. | • | Receipt Bill Confirmation from job/program |
| - | - | Food and Groceries | No | - | • | - |
| OT | Other | General Medical Services | Yes | Only allowed if the service is directly related to new employment or specific training or education programs. Includes: Physicals Inoculations Does not include: General or routine medical cost Rx Copayments Supplements Prior to PR approval participant must exhaust all other resources, including coverage through the Affordable Care Act. Application for Medicaid/VHC required <u>Home Page Vermont</u> Health Connect. | • | Receipt Bill Statement from provider. Statement of need |
| OT | Other | Housing - Rent | Yes | Maximum of two months unless receiving job retention services. One additional month can be given to participants in job retention. 30% of a participant's income must be used to support housing costs. If in arrears for rent, payments are only allowed if they would prevent eviction and the participant has a plan for payments ongoing. ICAN cannot pay refundable deposits. | • | Receipt Bill Lease Agreement Statement from provider/landlord |

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|----|-------|--|-----|--|-------|---|
| - | - | Housing - Mortgage | No | Includes: Taxes Home Insurance Housing assistance may be available through other programs. Current program list: <u>Financial or</u> <u>Payment Assistance for Utility</u> | • | - |
| | | | | <u>Customers Department of Public</u> <u>Service (vermont.gov)</u> | | |
| - | - | Legal Services | No | - | • | - |
| - | - | Loan Payments | No | - | • | - |
| - | - | Mental Health Treatment | No | - | • | - |
| ОТ | Other | Permits and Fees (union dues, test fees, licensing and bonding fees, background checks, driving abstracts) | Yes | Participants may receive ICAN funds to assist with the cost of testing and/or securing permits needed for training or to support job search activities. Bonding only refers to the extra insurance a prospective employer may need to have in order to employ an ex- offender. | • | Receipt Bill Confirmation from job/program |
| ОТ | Other | Personal Hygiene | Yes | Participants may receive assistance with personal hygiene products and services reasonable and necessary to meet the potential training/employer's appearance standards. Includes: • Toothpaste • Shampoo • Body soap • Haircuts • Laundry • Toilet Paper | • | Receipt Bill Cost information from store/website. |
| 0 | Other | Reasonable Accommodation | Yes | Participants with disabilities may receive ICAN funding to assist with reasonable and necessary purchases of goods or services (including testing) that accommodate the individual's disability. | • • • | Receipt Bill Statement of need Cost information from store/website. |
| - | - | Relocation Expenses | No | - | • | - |

| ОТ | Other | Self- Employment | Yes | Cost must be related to a current | 3/15/2024 • Receipts |
|----|-------|---|-----|---|---|
| 01 | oulei | - Business Supplies | | business plan. Participants must be enrolled in the Self- Employment training component. | Statement of need Bill Cost from provider/website |
| | | | | Participant must enroll with HireAbility or another local Microbusiness development program for business planning and development. | |
| | | | | ICAN can support participants pending enrollment in a specific program or training. | |
| ОТ | Other | Student Activity Fees | Yes | Only if required to participate in class. | ReceiptBillStatement from Program |
| OT | Other | Technology | Yes | \$250 limit per program year. Includes: Laptops Phones (Smart and Basic) – Qlink application required (see Telephone Minutes) Tablets Hotspots | Receipt Statement of need Cost from provider/website. Phone Purchases: Confirmation of Qlink ineligibility required. |
| ОТ | Other | Telephone Minutes (see Technology for Telephone Purchase) | Yes | Lifeline TelecommunicationsProgram Department of PublicService (vermont.gov)If a participant does not qualify forQlink they can qualify fortelephone assistance throughICAN. Only Data/Minutes/Text, areallowable services.*If Qlink services do not meet theparticipant's needs then ICANfunding can be requested.Telephone purchases is included inthe technology limit.Telephone cost included in abundle with unallowed cost willhave the telephone costdetermined sperate from theunallowed cost. The ICAN paymenthas to prevent shut off and thecustomer must have a plan to paythe remaining balance to beallowed. | Confirmation of Qlink ineligibility required. Receipt Bill Cost information from Store/Website |

| OT | Other | Training Materials | Yes | Only if required for new employment, training or educational program. | • | Receipt Bill Statement from program Cost information from store/website. |
|----|----------------|---------------------------|-----|---|---|--|
| ST | Transportation | Transportation Expense | Yes | The transportation maximum is \$1,000 per program year*. Transportation assistance may include: Transit tickets or passes Necessary vehicle repairs* Registration (since 10-1-2023) Inspection (10-1-2023) Vehicle Tires Fuel Bicycles (see Bicycle/ebikes for more details) Transportation assistance may <u>not</u> include: Registration and inspection cost if paid prior to 10/1/2023 Cost directly related to legal action: Transportation assistance fees Legal or Court fees *Participant must have a valid driver's license to receive assistance with car repairs. License and car insurance cost are not included in the transportation max. Kelly Blue Book can be reviewed to ensure repair cost are reasonable for the longevity of the vehicle. In some cases, based on the nature of the repair and the value, ICAN cannot support the repair. ESD approval required for request over \$1000 in a program year. | | Receipt Bill Cost information from provider/website Cost Estimates Mileage calculation (Paid at .625 per Mile) Vehicle Registration (to confirm ownership) |
| L | | | | over stood in a brograffi year. | 1 | |

| - | - | Tuition | No | Tuition for education is not an allowable PR expense | • | - |
|----|-------|--------------------|-----|---|---|---|
| ОТ | Other | Utility - Electric | Yes | Maximum of two months unless receiving job retention services. One additional month can be given to participants in job retention. | • | Receipt Bill Statement from program |
| | | | | Before ICAN funds can be used a participant must: Apply for utility assistance through their local community action. Green Mountain Power customers only: must apply for the utility assistance program Green Mountain Power Energy Assistance Department for Children and Families (vermont.gov) Apply for fuel assistance if | | |
| ОТ | Other | Utility - Fuel or | Yes | electric is for heating. Maximum of two months unless | • | Receipt |
| | | Gas | | receiving job retention services. One additional month can be given to participants in job retention. | • | Bill Statement from provider |
| | | | | Includes fuel or gas for:heatingcookingwater | | |
| | | | | Before ICAN funds can be used a participant must: be receiving fuel assistance or be ineligible for a reason beyond the participants' control. | | |
| | | | | apply for utility assistance through their local community action. Vermont Gas Customers only: | | |
| | | | | Apply for the Vermont Gas Energy assistance program. <u>Vermont Gas Energy Assistance</u> <u>Department for Children and</u> Families | | |
| | | | | apply for crisis fuel during the winter season. | | |

| - | | | | | - | 3/15/2024 |
|----|-------|----------------------------|-----|---|---|--|
| OT | Other | Utility – General | Yes | All utility payments are a maximum of two months per utility type unless receiving job retention services. One additional month can be given to participants in job retention. | • | Receipt Bill Statement from provider |
| | | | | Utilities can include: Water – Application through <u>Household Water Assistance</u> <u>Department for Children and</u> <u>Families (vermont.gov)</u> required. | | |
| OT | Other | Utility – Internet | Yes | Maximum of two months unless receiving job retention services. One additional month can be given to participants in job retention. | • | Receipt Bill Statement from provider |
| | | | | Participants must apply for the Affordable Connectivity Program (ACP) <u>Affordable Connectivity</u> <u>Program Department of Public</u> <u>Service (vermont.gov)</u> | | |
| | | | | Internet cost included in a bundle with unallowed cost will have the internet cost determined sperate from the unallowed cost. ICAN can only pay allowable cost. The ICAN payment has to prevent shut off and the customer must have a plan to pay the remaining balance | | |
| OT | Other | Vision Medical Services | Yes | to be allowed. Only allowed if the service is directly related to new employment or specific training or education programs. Must apply for Medicaid/VHC <u>Home Page</u> <u> Vermont Health Connect</u> and Lions club Contact Us (vermontlions.org) before ICAN can assist. | • | Receipt Bill Statement from provider Statement of need |
| | | | | Prior to PR approval participant must exhaust all other resources, including coverage through the Affordable Care Act. Includes: • Eyeglasses • Protective Eyewear | | |
| | | | | Does not include:General or routine cost | | |

| | | | | - | | |
|----|-------|----------------------------|-----|--|---|---|
| OT | Other | Work and Training Tools | Yes | Must be required for immediate hire/training. Determine the need for these tools on a case-by-case basis. | • | Receipt Statement from employer Bill Cost from provider/website. |