

**Alabama Workforce Investment System**

**Alabama Department of Economic and Community Affairs  
Workforce Development Division  
401 Adams Avenue  
Post Office Box 5690  
Montgomery, Alabama 36103-5690**

**9/11/2000**

**GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NUMBER PY 2000-10**

**SUBJECT:** *Workforce Investment Act Relocation Assistance Guidelines*

- 1. Purpose.** This Directive transmits the *Workforce Investment Act Relocation Assistance Guidelines*.
- 2. Discussion.** With the passage of the Workforce Investment Act (WIA) in August 1998, and the subsequent repeal of the Job Training Partnership Act (JTPA) on June 30, 2000, it is necessary to revise our guidelines for relocation assistance. In the past, relocation assistance was only available to dislocated workers. However, under the WIA Implementing Regulations at 20 CFR663.200 (a), relocation assistance is listed as one of the intensive services available for adults and dislocated workers. The State will continue to pay for relocation assistance on a statewide basis, and local support of the administrative process (completion of the necessary paperwork) is still required.

In order for a person to be eligible for relocation assistance, he/she must be eligible to receive WIA services and have received at least one core service. Per the WIA regulations at 20 CFR 663.220, there are two categories of adults and dislocated workers who may receive intensive services: (a) Adults and dislocated workers who are unemployed, have received at least one core service and are unable to obtain employment through core services, and are determined by a One-Stop operator to be in need of more intensive services to obtain employment; and (b) Adults and dislocated workers who are employed, have received at least one core service, and are determined by a One-Stop operator to be in need of intensive services to obtain or retain employment that leads to self-sufficiency as described in 20 CFR 663.230.

In the case of someone being eligible for relocation services, he/she must have, following receipt of core services, received an offer of permanent, long-term employment with a one way commuting distance more than 75 miles from the participant's home. The intensive service, relocation assistance, is necessary for the participant to accept employment. An adult or dislocated worker, who completes training services, is also eligible for relocation assistance.

- 3. Action.** Those who are responsible for providing intensive services should follow the *Workforce Investment Act Relocation Assistance Guidelines* in regard to providing relocation assistance.

9/11/2000

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- 4. Contact.** Questions regarding this Directive should be referred to Bill Hornsby, Supervisor, Workforce Development Division, State Programs and Divisional Budget Management Section (Telephone: 334.242.5847 or Email: [billh@adeca.state.al.us](mailto:billh@adeca.state.al.us)).

  
\_\_\_\_\_  
Steve Walkley, Division Director  
Workforce Development Division

Attachment

***WORKFORCE  
INVESTMENT  
ACT***

***RELOCATION  
ASSISTANCE  
GUIDELINES***



ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS  
WORKFORCE DEVELOPMENT DIVISION

JULY 2000

RELOCATION ASSISTANCE GUIDELINES

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## RELOCATION ASSISTANCE GUIDELINES

### I. GENERAL

These guidelines are designed to assist the local One-Stop operators in providing relocation assistance to those who are eligible and seeking such services. These guidelines are effective as of the issuance date contained on the Governor's Workforce Development Directive, which transmitted these guidelines. In accordance with 29 CFR97.5, all other program manuals, handbooks, and other non-regulatory materials, which are inconsistent with these guidelines, are superseded, except to the extent that they are required by statute.

### II. AUTHORITY

In accordance with the Workforce Investment Act (WIA) and its implementing regulations (20 CFR663.200 (a)), relocation assistance is one of the allowable intensive services for adults and dislocated workers. There are two categories of adults and dislocated workers who may receive intensive services. These are: Adults and dislocated workers who are unemployed, have received at least one core service and are unable to obtain employment through core services, and are determined by a One-Stop operator to be in need of more intensive services to obtain employment (20 CFR663.220 (a)); and adults and dislocated workers who are employed, have received at least one core service, and are determined by a One-Stop operator to be in need of intensive services to obtain or retain employment that leads to self-sufficiency, as described in 20 CRF663.230 (20 CFR633.220(b)).

Relocation assistance is provided through Workforce Investment Act (WIA), Title IB, Governor's set aside funding for participants in need of assistance to accept employment in another location. It is intended to serve those eligible adults and dislocated workers who are unable to find suitable

employment in the local area. (At a minimum, the employment should lead to “self-sufficiency as described at 20CFR 663.230’.) Such assistance will not be extended to participants who are transferring to another employment location while remaining with their present employer. In regard to relocation assistance, the core service will have resulted in a written offer of employment, but the individual requires intensive services (relocation assistance) in order to accept the job.

As noted above, a person must be eligible for these services and be properly enrolled into the WIA Relocation Assistance Project. Copies of enrollment and exit (after the move is completed) documents should be submitted as detailed later in this policy. However, enrollments and exits should be handled in the same manner as for other participants who receive intensive services. Follow the procedures outlined in the Alabama Technical Assistance Guide for the Workforce Investment Act.

Applicants should be encouraged to seek relocation assistance from other sources before applying for WIA assistance. Relocation assistance (up to a maximum of \$1,250.00 for actual moving expenses) which have not been paid from other sources may be provided to assist qualified participants in moving within Alabama or to another part of the United States. This means that if an employer (or other source) pays all of the moving costs, then WIA pays none. If an employer (or other source) pays only part of the costs, then WIA will pay the difference to those determined eligible and who complete all of the required paperwork necessary to receive this service up to \$1,250.00. (State Policy.)

The ADECA Workforce Development Division nor any of the enrolling agencies accept any liability for any participant’s or moving service’s damaged, lost, stolen property, etc. related to relocation assistance.

### III. QUALIFICATIONS

To qualify for this assistance, **the participant must meet all of the following criteria with written documentation maintained and submitted by the enrolling agency:**

a. be eligible for WIA Title I-funded services, as evidenced by the completed Eligibility/Registration Form (WDD-1A Exhibit A) and Activity/Service Record (WDD-1B Exhibit B); and

(1) The participant cannot obtain suitable employment within the commuting area. The commuting area is a seventy-five (75) mile-radius or less of the participant's place of residence. The enrolling agency representative's written justification will serve as documentation; and

(2) The participant has secured suitable long-duration employment outside the commuting distance (over 75 miles) from the participant's residence. This must be documented by the new employer's letter of verification of employment. The participant will be enrolled under the relocation assistance project number.

### IV. RELOCATION ASSISTANCE REQUEST

The enrolling agency representative will submit the Relocation Assistance Request form, WDD-16 Relocation (Revised 7/00), Exhibit C, accompanied by a hiring letter from the new employer to the WDD-State Programs and Divisional Budget Management Section **at least ten (10) calendar days before the move.** (If a person has moved prior to making application for WIA relocation assistance, then no relocation expenses will be paid.) Every effort will be made so that the enrolling agency representative will be notified of approval or disapproval of said request at least

five (5) days before the move. Submit the Relocation Assistance Request form, WDD-16 Relocation (Exhibit C), according to the printed instructions on the back of the form.

## V. MOVING SERVICES

Household goods may be moved for the participant by either of the following methods:

- a. a bona fide moving company, **or**
- b. the participant using equipment rented from a bona fide self-moving service (U-haul, Ryder, etc.)

In either event, estimates must be obtained from three (3) bona fide moving companies **or** three (3) self-moving services, as applicable. If estimates cannot be obtained from at least three of the same type of moving services, then written justification must be provided for less than three estimates. (See below.) Justifiable situations, in which the enrolling agency would select a bidder other than the lowest, would be:

- The lowest bidder cannot carry out the move within acceptable time frames.
- The lowest bidder will not accept payments on a reimbursement basis, and the participant does not have the funds to pay for the move.
- The lowest bidder does not have all the necessary equipment required for the move; i.e., a tow buggy for a vehicle, etc. (Rarely should this be used.)

**If the lowest estimate is not selected, the enrolling agency must document justification for the selection.**

If three moving companies or three self-moving services are not located within a participant's commuting area (75 miles or less), the participant is not required to solicit bids from others outside

their commuting area. However, it is the enrolling agency's responsibility to retain documentation supporting the fact that this situation does exist and to provide copies of such with the Relocation Assistance Request form, WDD-16 Relocation (Exhibit C).

The participant who uses equipment rented from a self-moving service to relocate household goods may submit receipts for monies spent for associated fuel and oil **for the vehicle used for the move only**. The participant may also submit receipts for other related moving expenses such as boxes and packing materials provided these expenses are incurred with the same bona fide moving service. Gasoline or diesel fuel for other vehicles is not reimbursable. The cost of food and lodging are not reimbursable. Also, deposits on equipment necessary for the move are not reimbursable, as the person being moved should get his/her deposits back upon turning in the equipment to the moving company.

When the participant's primary residence is a mobile home and the participant desires to move the mobile home instead, the same requirements must be met as those of moving household goods; that is, three bids must be secured from bona fide mobile home movers before the move. Maximum reimbursement for moving a mobile home is \$1,250.00. Mobile home tires or tire repairs are not reimbursable costs.

## VI. PAYMENT AUTHORIZATION

Once the participant has been determined eligible for the program and the relocation approved, and completed, then **submit the following forms to the WDD-State Programs and Divisional Budget Management Section.**

- Claim for Relocation Expenses, form WDD-18 Relocation (Exhibit D); (one copy)

- The Subrecipient's Invoice Report, form WDD-9 Subrecipient's Invoice Report (Exhibit E); (two copies)
- The bona fide cost estimates from a self-moving service or from moving companies (3 estimates)
- Actual invoice from the mover or self-moving company for the services or unit rental and invoices for fuel, gasoline, etc. used in a self-moving vehicle (Food and lodging is not a reimburseable item.) The invoice from the mover or self-moving company must indicate that payment has been made and proof thereof if reimbursement goes to the participant.
- One copy of the Request for Taxpayer Identification Number (Exhibit F).

The enrolling agency will take a positive outcome for a participant in the relocation assistance program upon successful completion of the move and the submission of all-appropriate documentation, reimbursement requests, etc.

a. Claim for Relocation Expenses

Reimbursement will be mailed directly to the participant or to the moving company, as directed by the participant on the Claim for Relocation Expenses, WDD-18 Relocation, Exhibit D. The person relocated, the Enrolling Agency's representative, as well as the mover, must sign this form, if the relocation payment is to be made directly to the moving company. All signatures should be original on all copies submitted. The supporting documentation, the invoice and the three cost estimates (or if not three then, justification as to the situation) solicited before the move, must be attached. Complete the form and submit according to the printed directions on the back of the form.

b. Subrecipient's Invoice Report.

The **Enrolling Agency** should complete the following information on the Subrecipient's Invoice Report, WDD-9 (Exhibit E):

**Item 1** . . . Name/Address/Social Security Number of the Subrecipient—The individual for whom expenses are to be reimbursed or the Moving Company, if the participant chooses the reimbursement go directly to the Moving Company.

**Item 2** . . . The subrecipient's Social Security Number or the company's Federal ID number will replace the Social Security Number if payment goes to the moving company.

**Item 3** . . . Agreement Number – Relocation Assistance Project Number, as found on the **approved** Relocation Assistance Request form WDD-16 Relocation (Exhibit C) returned to enrolling agency.

**Item 23** . . . Contact Person – Original signature of the Enrolling Agency's Representative. **All** signatures should be **original** on **each** of the two (2) copies submitted.

**Item 24** . . . Title – of the Enrolling Agency's Representative.

**Item 25** . . . Telephone Number – of Contact Person.

The **Participant** or Moving Company should complete the following information on the Subrecipient's Invoice Report, WDD-9 (Exhibit E);

**Item 20** . . . Subrecipient's (Participant's) Signature – **All** signatures should be **original** on **each** of the two (2) copies submitted. If the Moving Company is to be reimbursed, then the company's authorized representative's signature is needed here.

**Item 22** . . . Date – of signature.

The remainder of the form will be completed by Relocation staff of ADECA-Workforce Development Division's, State Programs and Divisional Budget Management Section. Please submit this form in duplicate with original signatures, along with the Claim for Relocation Expenses (WDD-18 Relocation, Exhibit D).

In **addition**, the enrolling agency should send in an Exit form, WDD-2 (Exhibit G) to the ADECA Workforce Development Division, State Programs and Divisional Budget Management Section to exit the participant by using the appropriate exit code.

**ELIGIBILITY/REGISTRATION FORM**

Agency Name \_\_\_\_\_

<b>1. Social Security Number</b>	<b>2. Name</b> Last (space), First (space), Middle Initial

<b>3. Address</b>											

<b>4. City</b>	<b>5. State</b>	<b>6. Zip Code</b>	<b>7. County Code</b>	<b>8. State Code</b>	

<b>9. Area Code</b>	<b>Phone Number</b>	<b>10. Date of Birth</b>	<b>11. Age</b>
		M M D D Year	

<b>12. Gender</b> 1=Male 2=Female	<b>13. Citizenship</b> 1=U S Citizen 2=Eligible Non-Citizen	<b>14. Selective Service</b> 1=Yes 2=No 9=N/A	<b>15. Disability - 1=Yes 2=Yes impediment to employment 3=No</b>

- 16. Race** (enter 1- Yes for all that apply or 2- No)
- 1 - American Indian or Alaska Nat.
  - 2 - Asian
  - 3 - Black or African Amer
  - 4 - Hawaiian Native/Pacific Islander
  - 5 - White

- 17. Ethnicity- 1for Yes 2 for No**
- Hispanic or Latino

- 18. Limited English**
- 1 for Yes 2 for No

**19a. # in family:** \_\_\_\_\_

<b>19b. Family Income</b> (6 months prior to application date): _____ / _____ / _____					<b>* For income check only</b>
mm	dd	yyyy			
Name	Relationship	Amount	x 2	Total	Source
			x 2		
			x 2		
			x 2		
			x 2		
<b>Total Annualized Income</b>					

**20. Low Income** (Enter all that apply)

<b>A. Income</b> 1=Yes 2=No	<b>B. Public Assistance</b> 1=TANF 2=General Assistance 3=Refugee Assistance 4=None	<b>C. Food Stamps</b> 1=Yes 2=No	<b>D. Homeless</b> 1=Yes 2=No	<b>E. Foster Child</b> 1=Yes 2=No	<b>F. SSI</b> 1=Yes 2=No

**21. Additional Youth Eligibility Criteria**

- 1 - Yes 2 - No**
- 21a. Deficient in basic literacy skills
  - 21b. School drop out
  - 21c. Homeless, Runaway, and/or Foster Child
  - 21d. Pregnant or Parenting Youth Offender
  - 21e. Offender
  - 21f. Youth needing Additional Assistance
  - 21g. Local Area Identified

**22. 5% Youth (Ages 14-21)**

**1 for Yes, 2 for No, and 9 for N/A**

- A. School drop out
- B. Basic skills deficient (Career Link Staff)
- C. One or more grade level below appropriate grade age
- D. Pregnant or parenting
- E. Possesses one or more disabilities, including learning disabilities
- F. Homeless or runaway
- G. Offender
- H. Face serious barriers to employment

- 23. Educational Status**
- 1 - Student, high school or less
  - 2 - Student, post high school attendee
  - 3 - Out of school, high school dropout
  - 4 - Out of school, high school graduate with employment difficulty
  - 5 - Out of school, high school graduate without employment difficulty

**23a. Highest Grade Completed:** \_\_\_\_\_

- 24. Single Parent**
- 1. Yes  2.No

- 25. Veteran Status**  \*
- Enter 1-Yes, 180 days or less  
2- Yes, 180 days  
3- No
- a- Campaign-related veteran
  - 1-Yes 2-Yes, Vietnam 3-No
  - b- Disabled veteran
  - 1-Yes 2-Yes, Special 3-No
  - c- Recently separated veteran
  - 1-Yes 2-No

- 26. Labor Force Status**
- 1 - Employed
  - 2 - Not Employed

**27. Number of weeks unemployed during previous 26 weeks**

- 28. Referred by UI-WPRS (enter one)**
- 1-Yes  2-No

- 29. Eligible for:** 1 - YES 2 - NO
- Adult
  - Dislocated Worker
  - Youth

**29a. Date of actual qualifying dislocation**

□□-□□-□□□□  
mm dd yyy y

- 30. Dislocated Workers/Displaced Homemakers ONLY**
- 30a. Displaced Homemaker
- 1 - YES  2 - NO

**31. Dates of core service received:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant/Registrants signature:** (youth, parent ,or guardian)

**Date:**

**Determination made by:**

**Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_ **ES Office:** \_\_\_\_\_

**Career Link/Registration Staff Only:**

**32a. English reading raw score or grade level**

□□□.□

**32b. Type of score**

- 1 - Grade Level
- 2 - Raw Score

**32c. Test Code for Raw Score**

□

**33a. Math raw score or grade level**

□□□.□

**33b. Type of score**

- 1 - Grade Level
- 2 - Raw Score

**33c. Test Code for Raw Score**

□

**34. Basic Skill Deficiency**

- 1 - Yes
- 2 - No

**35. Pell Grant Recipient (enter one)**

(enter one)

- 1 - Yes  2 - No

**Career Link/Registration Staff:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**ACTIVITY/SERVICE RECORD**

<b>1. Social Security Number</b>	<b>2. Name</b>

**3. WIA Title I and Partner Program Participation**

<b>A. Adult (local)</b> 1=Yes 2=No	<b>B. Dislocated Worker (local)</b> 1=Yes 2=No	<b>C. Youth (local)</b> 1=Yes 2=No	<b>D. Youth [Statewide(15% Activities)]</b> 1=Yes 2=No	<b>E. Displaced Homemaker [Statewide(15%)Activities]</b> 1=Yes 2=No
<b>F. Incumbent Worker [Statewide(15%) Activities]</b> 1=Yes 2=No	<b>G. Other [Statewide(15%) Activities]</b> 1=Yes 2=No	<b>H. Rapid Response</b> 1=Yes 2=No	<b>I. Additional Assistance</b> 1=Yes 2=No	<b>J. National Emergency Grant</b> 0000-Grant number 9999-No grant number
<b>K. Adult Education</b> 1=Yes 2=No	<b>L. Job Corps</b> 1=Yes 2=No	<b>M. Migrant &amp; Seasonal Farmworker</b> 1=Yes 2=No	<b>N. Native American Programs</b> 1=Yes 2=No	<b>O. Veterans' Workforce Investment Programs</b> 1=Yes 2=No
<b>P. Trade Adjustment Act (TAA)</b> 1=Yes 2=No	<b>Q. NAFTA-TAA</b> 1=Yes 2=No	<b>R. Vocational Education</b> 1=Yes 2=No	<b>S. Vocational Rehabilitation</b> 1=Yes 2=No	<b>T. Wagner-Peyser Act</b> 1=Yes 2=No
<b>U. Welfare-to-Work Participant</b> 1=Yes 2=No	<b>V. Employment &amp; Training programs carried out under The Community Services Block Grant Act</b> 1=Yes 2=No	<b>W. Employment &amp; Training programs carried out by The Dept. of Housing and Urban Development</b> 1=Yes 2=No	<b>X. Unemployment Compensation programs (U.I.)</b> 1=Claimant 2=Exhaustee 3=Neither claimant nor exhaustee	<b>Y. Other non-WIA Programs</b> 1=Yes 2=No
<b>Z. Title V activities</b> 1=Yes 2=No 9=Not reported/NA	<b>AA. Food Stamps</b> 1=Yes 2=No 9=Not reported/NA	<b>3a. Date of Registration</b> M M D D Y E A R		

4a. Partner agency referred by (agency name)

4b. Referred to Intensives services (enter one)

4c. Date Core Service Received:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

\_\_\_ 1 - Yes  
\_\_\_ 2 - No

**5. Intensive Services**

Comprehensive/Specialized Assessment  
 Individual Employment Plan  
 Group Counseling  
 Individual Counseling/Career Planning  
 Case Management  
 Short Term Prevocational Services

Out of Area Job Search Expenses  
 Relocation Expenses  
 Internships  
 Work Experience  
 Other

#	SERVICE	FUND	DATE RECEIVED					DATE COMPLETED				
			M	M	D	D	YYYY	M	M	D	D	YYYY
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

<b>6A. Social Security Number</b>	<b>6B. Name</b>

**7. Training Services**

**A. Adult, Dislocated worker or Older Youth (19-21)**

Adult Education/Basic Skills/Literacy Activities  
 On the Job Training  
 Occupational Skills  
 Customized Training  
 Individual Referral

Work Place Training/Cooperative Education  
 Skills Upgrading/Retraining  
 Entrepreneurial Training  
 Job Readiness  
 Other

SERVICE/TRAINING		FUND	DATE RECEIVED					DATE COMPLETED				
#			M	M	D	D	YYYY	M	M	D	D	YYYY
1												
2												
3												
4												
5												
6												

**B. Youth Services Training (All Youth 14-18&19-21 receiving YOUTH services)**

Educational achievement services  
 Employment services  
 Additional support for youth services  
 Comprehensive guidance/Counseling in Work Area  
 Drop Out Prevention Strategies  
 Alternative Secondary Schools

Citizen and leadership services  
 Adult Mentoring in Academic Success  
 Guidance/Counseling in Academic Skills  
 Summer Services - Academic Skills  
 Summer Services - Occupation Skills  
 Other

SERVICE/TRAINING		FUND	DATE RECEIVED					DATE COMPLETED				
#			M	M	D	D	YYYY	M	M	D	D	YYYY
1												
2												
3												
4												
5												
6												
7												
8												

**8. Goals for Youth:**

**8a. Type of Goal #1 (enter one)**

\_\_\_ 1=Basic Skills 2=Occupational Skills 3=Work Readiness Skills

**8b. Date goal #1 was set:** \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy

**8c. Type of Goal #2 (enter one)**

\_\_\_ 1=Basic 2=Occupational Skills 3=Work Readiness Skills

**8d. Date of Goal #2 was set:** \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy

**8e. Type of Goal #3 (enter one)**

\_\_\_ 1=Basic Skills 2=Occupational Skills 3=Work Readiness Skills

**8f. Date of Goal #3 was set:** \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy

<b>9. For Occupational Skills Training</b>					<b>B. Occupation Title</b>				
1. DOT    4. CIP 2. OES    (Classroom Training) 3. O*NET 9. NONE					<b>C. Code</b>				

**10. ITA Established**

<b>A. 1 - Yes 2 - No 9 - N/R</b>					<b>B. Total Amount</b>						
					\$						
<b>C. Amount Used End of Quarter</b>											
<b>1<sup>st</sup> Qtr</b>			<b>2<sup>nd</sup> Qtr</b>			<b>3<sup>rd</sup> Qtr</b>			<b>4<sup>th</sup> Qtr</b>		
\$			\$			\$			\$		

**11. Supportive Services**

Enter 1 - Yes 2 - No 9 - N/A

<b>A. Transportation</b>		<b>B. Child Care</b>		<b>C. Dependent Care</b>		<b>D. Housing</b>		<b>E. Needs Related</b>		<b>F. Other</b>	

**12. Follow-up Services**

Enter 1 - Yes 2 - No 9 - N/A

<b>BEGINNING DATE</b>					<b>ENDING DATE</b>				
M	M	D	D	YYYY	M	M	D	D	YYYY

Enrolled by:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Career Center:** \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROJECT NUMBER

RELOCATION ASSISTANCE REQUEST FORM

NAME \_\_\_\_\_

GOODS TO BE MOVED TO:  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SS# \_\_\_\_\_

APPROXIMATE DATE OF MOVE:

SIGNED: \_\_\_\_\_

-----  
(Submit at least 10 days Prior to move)

Person to be Relocated

ENROLLING AGENCY:

I hereby certify that this participant meets the criteria listed below and that written documentation is being submitted to verify each eligibility criterion:

1. Meets all WIA Title I Dislocated Worker or Adult eligibility criteria as documented on the WDD-1A attached.
2. The individual cannot obtain suitable employment within the individual's commuting area (75-mile radius from his/her residence). Copies of documentation attached.
3. The individual has secured long-duration employment, outside commuting distance. **A copy of documentation is attached.**

Signed: \_\_\_\_\_  
Enrolling Agency Representative

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Approval: \_\_\_\_\_  
Division Director, WDD

\_\_\_\_\_  
Date

UNPON APPROVAL, AN APPROVED COPY WILL BE RETURNED TO THE ENROLLING AGENCY WITH PROJECT NUMBER

**Instructions for Relocation Assistance Request From  
(Back of WDD-16 Relocation Form)**

Relocation assistance is provided through WIA Title I Governor's 15 percent funding for eligible dislocated workers and adults in need of assistance to accept employment in another location. It is intended to serve those eligible individuals who are unable to find suitable employment in the local area. Such assistance will not be extended participants who are transferring to another employment location while remaining with their present employer. Applicants should be encouraged to seek relocation assistance from other sources before applying for WIA assistance.

A participant's eligibility to receive relocation assistance services is contingent upon his/her being laid off from a company that received state Rapid Response assistance, or their being enrolled in a Title I Governor's 15 Percent program, or other eligible LWIA Title I Dislocated Worker participants, who are otherwise eligible for such assistance. The service is also, available to adults who are eligible under the adult program eligibility criteria.

Relocation assistance up to a **maximum of \$1,250.00** for actual moving expenses that have not been paid from other sources.

The enrolling agency is responsible for certifying the participant meets the eligibility criteria, and for ensuring that **all supporting documentation is attached** and the appropriate signatures are obtained. The Project Number will be assigned by ADECA-Workforce Development Division, State Programs and Divisional Budget Management Section upon approval.

Submit the Relocation Assistance Request Form, at least 10 days before the move is scheduled. The original form with original signatures is to be sent to the following address:

**SEND TO:            ADECA-Workforce Development Division  
                         State Programs and Divisional Budget Management Section  
                         ATTN: Relocation Assistance  
                         P. O. Box 5690  
                         Montgomery, AL 366103-5690**

A copy should be maintained by the originating enrolling agency.

Every effort will be made to return the approved request to the enrolling agency approximately 5 days prior to the move. **This will serve as notice of the authorization of Relocation Assistance and will provide the Project Number for this effort.**

CLAIM FOR RELOCATION EXPENSES Project Number \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**GOODS MOVED FROM:**

**GOODS TO BE MOVED TO:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name of Mover

\_\_\_\_\_  
Mover's Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

Total Relocation Expenses \$ \_\_\_\_\_

Less Amount Reimbursed From Other Sources \$ \_\_\_\_\_

Net Amount of which WIA will Reimburse up to \$1,250 \$ \_\_\_\_\_

Amount for WIA Claim (Not to exceed \$1,250) \$ \_\_\_\_\_

I hereby certify that the above named participant is being relocated under the Regulations and Procedures set forth in the Workforce Investment Act and meets all eligibility requirements to receive assistance in Relocation. I further certify that the service covered by this invoice **has been received**, and the amount is **correct**. Payment shall be actual non-reimbursed cost, not to exceed \$1,250. Attached is the invoice and three (3) cost estimates from carriers solicited before the move.

Signed: \_\_\_\_\_  
**Person Relocated**
**Date**

Approved: \_\_\_\_\_  
**Enrolling Agency Representative**
**Date**

APPROVAL: \_\_\_\_\_  
**WDD Division Director**
**Date**

**RELOCATION PAYMENT TO BE MADE PAYABLE TO:**

**IF PAYMENT IS MADE TO MOVER, PLACE SIGN BELOW:**

\_\_\_\_\_  
Name

I certify that this invoice represents services provided, and this invoice is correct, due, and unpaid.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Signature of Mover/Date

**Instructions For Filing Claim For Relocation Expense  
(Back of Form WDD-18 Relocation)**

Claims for relocation expenses **shall be actual costs, not to exceed \$1,250.00** for actual moving expense that have not been paid from any **other** sources.

The enrolling agency is responsible for certifying that the participant meets the eligibility criteria and is to ensure the appropriate signatures are attached. In addition, the enrolling agency is to make sure that **the supporting documentation, the invoice and the three cost estimates** (or if not three then, justification as to the situation) **solicited before the move, must be attached.**

This form is to be completed by the enrolling agency representative, and must include:

- a) the invoice from the moving company/self-moving service;
- b) copies of **three (3)** cost estimates from moving companies or self-moving services solicited prior to the move; **and**
- c) written justification if the lowest estimate was not chosen.

Payments may be made directly to the moving company/self-moving service **or** directly to the participant. If payment is to be made to the moving company/self-moving service, then the certification must be signed by the mover/self-moving service representative. The participant must sign the claim in either case.

**All signatures should be original on each copy submitted.**

The original form, and (1) one copy, with original signatures (plus attachments) is to be sent to the following address:

**SEND TO:** ADECA-Workforce Development Division  
State Programs and Divisional Budget Management Section  
ATTN: Relocation Assistance  
P. O. Box 5690  
Montgomery, AL 36103-5690

A copy must be maintained by the originating enrolling agency.

**SUBRECIPIENT'S INVOICE REPORT**

**EXHIBIT E**

1. Name/Address of Subrecipient		3. Agreement No.	
		4. Invoice No.	
		2. Fed I.D.#	5. Reporting Period of Invoice
6. Agreement Amount	7. Cash Requested to Date	8. Balance Available \$	
		A. Administration	(Indicate) B. <input type="checkbox"/> Rapid Response <input type="checkbox"/> Program Costs
			Total
9. Total Expenditures of Prior Period		\$	\$
10. Actual Expenditures This Period		\$	\$
11. Accrual Estimates This Period		\$	\$
12. Previous Period Accruals		\$	\$
13. Total Expenditures To Date		\$	\$
14. Estimated Expenditures Next Month			14.\$
15. Total Estimated Cash Needs			15.\$
16. Less Program Income			16.\$
17. Cash Received To Date			17.\$
18. Cash Requested But Not Received			18.\$
19. Amount Requested			19.\$
<p>I HEREBY CERTIFY THAT (a) the Workforce Development Division (WDD) has not been billed for the services covered by this invoice; (b) funds have not been received from the said WDD or expended for such services under any other agreement or grant; (c) the amount(s) claimed by this invoice constitute(s) allowable costs/expenditures under the terms of the agreement or grant; (d) all amounts for Federal Income, Unemployment, and FICA Taxes due through the end of the preceding quarter have been paid and; (e) that subcontractors have furnished evidence of attaining an Employer Identification (EI) number and are complying with applicable tax laws.</p> <p>Any advance of federal funds drawdown by either advance or a working capital advance and <u>not</u> disbursed within thirty days from the date of the advance must be refunded to ADECA (State/ADECA Policy). Please use blue ink to sign.</p>			
20. Subrecipient's Authorized Signature		21. Title	22. Date
23. Contact Person		24. Title	25. Telephone No.

\_\_\_\_\_  
Workforce Development Division/Date

\_\_\_\_\_  
Administrative Division/Date

**SUBMIT IN DUPLICATE TO:**

ADECA Workforce Development Division  
State Programs and Divisional Budget Mgmt. Section  
401 Adams Avenue  
P.O. Box 5690  
Montgomery, AL 36103-5690

**POSTED TO COMPUTER**

File: \_\_\_\_\_  
Date: \_\_\_\_\_  
Copy to Fiscal Management:  
Fund No. \_\_\_\_\_ 399551 \_\_\_\_\_

**SUBRECIPIENT'S INVOICE REPORT WDD-9**  
Instructions for Title I Relocation Assistance—**ONLY**

The **Enrolling Agency** should complete the following information on the Subrecipient's Expenditure Report, WDD-9:

**Item 1.** Name/Address/Social Security Number of the Subrecipient—The individual for whom expenses are to be reimbursed or the Moving Company, if the participant chooses the reimbursement go directly to the Moving Company.

**Item 2.** The subrecipient's Social Security Number or the company's Federal ID number will replace the Social Security Number if payment goes to the moving company.

**Item 3.** Agreement Number – Relocation Assistance Project Number, as found on the **approved** Relocation Assistance Request form (WDD-16 Relocation) returned to the enrolling agency.

**Item 23.** Contact Person—Original signature of the Enrolling Agency's Representative. **All** signatures should be **original** on **each** of the two (2) copies submitted.

**Item 24.** Title—of the Enrolling Agency's Representative.

**Item 25.** Telephone Number—of Contact Person.

The Participant or Moving Company should complete the following information on the Subrecipient's Invoice Report, WDD-9:

**Item 20.** Subrecipient's (Participant's) Signature—**All** signatures should be **original** on **each** of the two (2) copies submitted. If the Moving Company is to be reimbursed, then the company's authorized representative's signature is needed here.

**Item 22.** Date—of signature.

The rest of the form will be completed by Relocation Staff of the ADECA-Workforce Development Division, State Programs and Divisional Budget Management Section. Please submit this form, in duplicate with original signatures, along with:

- Claim for Relocation Expenses, form (WDD-18 Relocation)





