

Billing - Routing Sheet
Transistional Employment Assistance

Section I

TEA Reimbursement ☐

Work Pays Reimbursement ☐

SSN / EIN _____

Type of Reimbursement:

Vehicle Down Payment Assistance
Vehicle Repair
Sales Tax and/or Tags
Insurance Assistance
Activity Related Expense
Educational Expense

☐ Job Retention
☐ Medical Expense (MS)
☐ Medical Expense (ST)
☐ OJT/Subsidy Employment
☐ Relocation Expense
☐ Emergency Expense

☐
☐
☐
☐
☐
☐

Person/Provider to Be Paid: _____

Check Number: _____

Section II

Address: _____

GOODS, SERVICES, MISCELLANEOUS COSTS AND/OR ASSISTANCE PROVIDED

(Invoice, page 2, must be completed for reimbursement if no detailed company invoice or receipt is available)

Description:	Participant:	Case Number	Amount:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL			\$ _____

(If more lines are needed, complete Section B-Attachment)

(Reporting these expenses does not guarantee that you will be reimbursed)

Section III. (See Section III of the Instructions to Determine Who Should Sign for DWS Authorization)

I certify that the information reported on this form is correct, that all expenses or assistance was incurred while participating in TEA; that the goods and/or services have been received and/or rendered, or that the assistance provided is allowable.

Participant / Provider Signature: _____
(original signature required)

Date: _____

Official Title: _____

Date: _____

DWS Authorized Signature: _____
(original signature required)

Date: _____

Official Title: _____

Date: _____

Section IV

Required Supporting Documents and Submissions Instructions:

If a company invoice or receipt is not attached, the invoice on page 2 should be filled out with all required information.

To pay a provider directly, attach the original invoice, receipt, or bill. (If the provider is an individual, section II may be completed in lieu of an invoice. If this is done, the provider's signature is required in Section III.)

Mail to: Department of Workforce Services, Attention: TANF, P.O. Box 34170, Little Rock, AR 72203-4170.

Local Office _____ DWS Workforce Specialist _____

Phone Number: _____

Section V.

INVOICE (Note: Use the invoice only if you do not have a company invoice or receipt.)

BILL TO
Department of Workforce Services
TEA / Work Pays Local Office

VENDOR

REMIT TO

Participant Name:

Case Number:

Type of Service:

Description	Quantity	Each Price	Extended Price
MARK-UP			

TOTAL AMOUNT INVOICED TO THE DEPARTMENT OF WORKFORCE SERVICES

#VALUE!

Vendor Authorizing Signature: _____

Vendor Authorizing Printed Name: _____

Vendor Authorizing Person Title: _____

Date: _____

Instructions

TEA-187

Billing and Routing Sheet

Purpose

The TEA-187 (TEA/Work Pays) Billing and Routing Sheet is used to document expenses for which a provider will be reimbursed. The provider must complete one form per participant. If more than one service has been provided for the participant, a separate TEA-187 must be completed for each type of reimbursement. The TEA-187 will not be used for transportation reimbursement. Transportation reimbursement will be billed/routed on the TEA-1430, Transportation Billing/Routing Sheet.

Completion

Section I.

The DWS Workforce Specialist will need to check whether the reimbursement is TEA or Work Pays and what type of reimbursement. The provider will need to fill out the SSN/EIN area and the name or company receiving payment.

Section II.

MARK-UP

The provider will need to complete this section. The provider will enter the payment mailing address, the participant's name, the description and cost of service. The DWS Workforce Specialist will need to complete the participant's case number.

Section III.

The provider will need to sign, date, and indicate their title. Once the form is returned to local office and service has been approved, the local office manager or designee will sign, date, and indicate their title.

Section IV.

The local office will be responsible for completing this section. The local office location will be entered along with the DWS Workforce Specialist's name and phone number.

Section V.

If provider does not have their own invoice or receipt system, the invoice will be completed and submitted with the first page of the TEA-187. More detail will need to be provided on the invoice than on the TEA-187. Section V can be used with the TEA-1430 if the transportation provider does not have a company invoice or receipt system.

Routing

Once reimbursement has been keyed and payment approved, the TEA-187 original will be sent to TANF Accounting with required documentation including a copy of the WISE reimbursement screen. A copy will be filed in Section 5 of the case file.

Retention

The TEA-187 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

Termination or Change of Service
Transitional Employment Assistance

To:		From:	
Re:		Date:	

Authorization to bill TEA for _____ service(s) you are ~~currently~~ providing for
_____ will begin on _____ and end on _____.

No further services are to be provided and TEA will not pay for any services rendered after the above date.

You must submit your final bill for services provided up to _____, the date services ended. This bill must be submitted within thirty (30) days of the above date service ended in order for you to be paid.

If this form is for child care changes, the following child(ren) and authorization(s) will be affected.

If you have any question, please contact me at _____.

Sincerely,

DWS Workforce Specialist Signature

Cc: _____, Participant; _____, Case Number

Field Code Changed

Field Code Changed

Formatted: Normal

Instructions

TEA-1404

Termination or Change of Service

Purpose

The TEA-1404 is used by the local office to inform providers that their authorization to provide service to a participant has ~~ended~~ been modified.

Completion

The DWS Workforce Specialist will complete the TEA-1404.

Routing

The DWS Workforce Specialist will mail the original of the TEA-1404 to the provider and a copy to the participant, while retaining a copy in Section 5 of the case file.

Retention

The TEA-1404 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

Appointment Notice
Transitional Employment Assistance

Date:

To:		From:	

Dear :

You have been scheduled for an appointment for:

- ☐ TEA ☐ Assessment ☐ Employment Update ☐ Review ☐ Other: See Below
- ☐ Work Pays ☐ Initial Eligibility ☐ Career Advancement Plan Update

On:	DATE:		TIME:	
-----	-------	--	-------	--

At the following location:	
----------------------------	--

Additional Information / Instructions:

You are required to keep the above appointment. If you cannot keep this appointment, you must call me at the number listed below by the appointment date. If you do not keep this appointment on the above date and fail to call or contact me, your TEA/Work Pays case could be affected.

Sincerely,

DWS Workforce Specialist Signature

DWS Workforce Specialist Printed Name

Cc: Case File

Phone Number

Instructions

TEA-1405

Appointment Notice

Purpose

The TEA-1405 is used by the local office to schedule participants for different program activities (assessment, EP update, etc.). For Work Pays, the TEA-1405 will be used when confirming the initial eligibility appointment.

Completion

The DWS Workforce Specialist will complete the TEA-1405.

Routing

The DWS Workforce Specialist will mail the original TEA-1405 to the participant, while retaining and file a copy in Section 6 of the case file.

Retention

The TEA-1405 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services
Transitional Employment Assistance
Work Site Participant Agreement**

As a participant assigned to ☐ Work Experience or ☐ Community Service, I agree to:

1. Participate by accepting the assignment and performing satisfactorily the required number of hours specified below.
2. Call the supervisor at my assigned site, identified below, when I can-not be at my assignment and state my reason for absence.
3. Notify my DWS Workforce Specialist if I experience any problems on the assigned site.
4. Notify my DWS Workforce Specialist if I need child care or supportive services to enable me to continue participation in the assignment.

As a participant, I understand that:

1. Failure to participate the required number of hours, unless excused, may result in closure of my case.
2. The supervisor at the assigned site will complete a time card/progress report regarding my participation every two weeks.
3. I ~~am in training and~~ am not covered by Worker's Compensation through the work site.

My assignment is at _____ as a _____ beginning
_____ ~~for _____ weeks and ending _____~~. I will participate _____ hours per
~~_____ days per week~~.

Field Code Changed

Field Code Changed

Field Code Changed

JOB DESCRIPTION:

My job description has been explained to me, and I understand it.

My site supervisor is _____ at _____.

I, _____, entered into this agreement on
_____ day of _____, _____.

Participant's Signature

Phone Number

DWS Workforce Specialist's Signature

Phone Number

Instructions

TEA-1406

Work Site Participant Agreement

Purpose

The TEA-1406 is used to enter into an agreement with a participant assigned to the Work Experience or Community Service activity.

Completion

The agreement will be explained to the participant. The DWS Workforce Specialist and the participant will sign the agreement after the information is entered in the appropriate space.

Routing

The original is retained and filed in Section 6 of the case file. A copy is given to the participant.

Retention

The TEA-1406 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services (DWS)
Transitional Employment Assistance (TEA)
WORK ACTIVITY SITE AGREEMENT**

_____ hereafter referred to as the Site Supervisor, hereby enters into an agreement with the _____ DWS Local Office Transitional Employment Assistance program to provide a work activity site wherein TEA participants, who are assigned, can learn employment and vocational skills. The TEA program is authorized and operated within the Department of Workforce Services.

Participants are not compensated at an hourly rate, for they are not employees of the work activity site or of DWS, but are participants of TEA receiving employment skills at a specific site. TEA participants are not covered by Worker's Compensation, but are covered by a special insurance policy purchased by the TEA program.

DWS agrees to:

1. Refer appropriate participants to the site for employment and vocational skills.
2. Provide an explanation of the program and furnish TEA-1407, Participant Time Card/Progress Report, forms to the site supervisor.
3. Assist participants in arranging childcare, transportation and other supportive services as necessary to enable them to participate.
4. Provide counseling and assist the site supervisor and/or the participant (s) should any unexpected problems arise.

Work Activity Site agrees to:

1. Comply with all applicable federal, state and local laws and regulations related to the performance of the agreement, including providing a safe work environment.
2. Not discriminate on the basis of age, race, creed, color, sex, handicap, national origin, political affiliation, veteran status and/or religion.
3. Maintain the confidentiality of any information regarding participants and their immediate families that may be obtained through their participation in TEA.
4. Provide general employment skills and instructions. This will include, but not limited to, the following general areas: reporting to work on time; working as a team; dressing appropriately for the job; learning to follow instructions/directions; conducting oneself properly on the work activity site; learning to work independently of others; etc.
5. Provide specific job instructions, constructive supervision, and all necessary supplies, equipment, and materials necessary for obtaining vocational skills regarding the following job description:

6. Require the site supervisor to attend any administrative hearing related to the participant if his/her testimony is requested.
7. Consult with a DWS Workforce Specialist if a problem arises and allow the participant (s) a reasonable opportunity to adjust to or improve performance/behavior.
8. Not provide any compensation/pay to participants for work hours.
9. Not to displace regular employees, including employees who may be laid off, on strike, locked out or otherwise in a labor dispute, with TEA participants.
10. Accept only the number of participants for whom the site can provide effective and meaningful experience.
11. Complete the TEA-1407, Participant Time Card/Progress Report, for each participant and route a completed form to a DWS Workforce Specialist after each bi-weekly period.
12. Preserve and make available records concerning all work performed under this agreement for a period of three years.
13. Make employees aware of their right to file a complaint if they feel their employment rights have been violated as a result of their participation at the work activity site.
14. Maintain and document daily supervision of participants.

Provisions of this agreement will become effective upon signatures of the DWS Workforce Specialist or designee and the work activity site representative. This agreement may be discontinued as a whole or for any particular participant by either party at any time.

Work Activity Site Representative Signature	Title	Date
---	-------	------

DWS Workforce Specialist/Designee Signature	Date
---	------

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number: _____

Employer's EIN or SSN: _____

Formatted: Font: Not Bold

Formatted Table

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Left

Instructions

TEA-1408

Work Activity Site Agreement

Purpose

The TEA-1408 is used to enter into an agreement between the work activity site and local office to provide services to the participants (s).

Completion

The Work Activity Site Agreement will be explained to the work activity site representative. The DWS Workforce Specialist or designee and the work activity site representative will sign the agreement.

Routing

The original is retained and filed in a central file in the local office. A copy will be provided to the work activity site and a copy sent to TANF Central Office, Contracts Unit. The agreement will be renewed by the end of June on even years.

Retention

The TEA-1408 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

Sanction Documentation Checklist
Transitional Employment Assistance

Formatted: Top: 27 pt, Header distance from edge: 0 pt, Footer distance from edge: 0 pt

Program:	<input type="checkbox"/> TEA	<input type="checkbox"/> Work Pays	Local Office:	
Participant:			Case Number:	
Date of Contact:			What month-level of sanction? was home visit completed: <input type="checkbox"/> Suspend I <input type="checkbox"/> 25% <input type="checkbox"/> Suspend II <input type="checkbox"/> 50% <input type="checkbox"/> Closure	
Type of contact:	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit	<input type="checkbox"/> Phone	
<input type="checkbox"/> Was the TEA-1421a notice sent to participant notifying of home visit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what date(s)?				
<input type="checkbox"/> Was attempt made to contact participant by phone? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what date(s)?				
<input type="checkbox"/> Did you complete the home visit? <input type="checkbox"/> No <u>If no, why?</u> <input type="checkbox"/> Yes If yes, what date (s).				
Section I: Discussed with Participant				
<input type="checkbox"/> Number of months remaining in time limit, months				
<input type="checkbox"/> Reduction of benefit is continued non-compliance. (Please circle one.) Suspend I or II, 25%, 50%				
<input type="checkbox"/> How family is meeting the children's basic needs on the current reduced TEA or Work Pays payment?				
<input type="checkbox"/> Barriers preventing compliance. (New or previously identified)				
<input type="checkbox"/> Possible solutions suggested.				
<input type="checkbox"/> Self initiated self-sufficiency actions taken by participant.				
<input type="checkbox"/> Offer of opportunity to comply accepted. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?				
<input type="checkbox"/> Was an EP or CAP update completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?				

Section II: Case Action Taken			
Final Month Sanction			
Based on information identified during the staffing, it is determined that the following case action will be taken:			
<input type="checkbox"/> Employment Plan / Career Advancement Plan updated, client stated willingness to comply.			
<input type="checkbox"/> Case will remain open at the 50% reduction level due to the children's safety and well being. (Please explain.)			
<input type="checkbox"/> Case will close due to reaching the end of a non-compliance sanction.			
Signatures:			
DWS Workforce Specialist		Date	
Supervisor		Date	
Local Office Manager		Date	

INSTRUCTIONS

TEA-1420

Sanction Documentation Checklist

Purpose

The TEA-1420, Sanction Documentation Checklist, is used to document information discussed with the sanctioned participant during the home visits and monthly contacts. Section II is used to document the decision made on the case and what action is taken during the final month of non-compliance.

Completion

Completion of Section I of the checklist is self-explanatory. The DWS Workforce Specialist will complete Section II after the final case staffing has been done. The DWS Workforce Specialist, supervisor and the local office manager will sign the form after the staffing has been completed and action determined.

Routing

Form TEA-1420 will be placed in Section 6 of the case file.

Retention

The TEA-1420 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Notice of Work Activity Non-Compliance
Sanction**
Transitional Employment Assistance

TO:		DATE:	
		FROM:	

SECTION I: NOTICE OF WORK ACTIVITY NON-COMPLIANCE SANCTION

You have been notified that _____ is not complying with the TEA work activity requirement. You were asked to contact your DWS Workforce Specialist if there is a good reason for not complying. You have not provided a good cause reason for non-compliance or stated a willingness to comply. Therefore, the following sanction is being taken on your TEA case:

- ☐ Your TEA payment(s) will not be released. TEA payment(s) will be held in the amount of _____.
- ☐ A _____ % reduction in the TEA payment amount. Your TEA payment will be reduced to effective _____.
- ☐ Your TEA payment is not being reduced at this time because you are currently under a 25% reduction sanction for another reason. If that sanction is lifted, your payment will remain reduced until you comply with your work activity requirement.
- ☐ While your case is under sanction, the months you receive TEA payments at the reduced amounts will continue to count toward your 24-month time limit.

☐ A home visit will be completed on _____ at _____.

Your TEA payment will be released and/or can be returned to the full amount by complying with your work activity assignment. Contact me if you want to comply.

You have _____ months remaining in your 24-month time limit.

☐ Your TEA cash assistance case is being closed effective _____.

Notes:

Our policy supporting this action is TEA policy 3520.1 and 3805.

This action will be taken on _____. You may appeal this action by filing your request for a hearing by _____ (30 days from date of notice). Benefits may continue at the current level if you file your request by _____ (within 10 days from date of notice). If assistance is continued at its present level or reinstated until a decision is reached, you may be required to repay the additional benefits if the hearing is not in your favor.

PLEASE READ PAGE 2 OF THIS NOTICE FOR INFORMATION ABOUT WHAT TO DO IF YOU DISAGREE WITH THIS ACTION.

DWS Workforce Specialist's Printed Name

Phone Number

DWS Workforce Specialist's Signature

Formatted Table

Formatted: Underline

Formatted: Underline

SECTION II: YOUR RIGHT TO A HEARING

If you disagree with the action we plan to take you may request and receive a hearing.

If you request a hearing by the date shown in Section I on the front page, your assistance may be continued at its present level or reinstated to its previous level pending a decision on your appeal. If assistance is continued at its present level or reinstated until a decision is reached, you may be required to repay the additional benefits if the hearing is not in your favor.

The last day you may request a hearing about an action we have taken on your TEA case is 30 days from the date of this notice.

If you wish to discuss your case with the DHS county office or DWS local office before deciding whether to file for a hearing, you should contact the person who signed this notice or the local office manager.

SECTION III: HOW TO FILE FOR A HEARING

If you are not satisfied with the decision on your case, you may request a hearing by completing form DHS-1200 (Appeal for a Hearing) or by writing the Appeals and Hearings Section, P O Box 1437, SLOT N401, Little Rock, AR. 72203-1437. Form DHS-1200 can be obtained from the DHS county office or DWS local office.

SECTION IV: YOUR RIGHT TO REPRESENTATION

If you request a hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. You may contact the helpline of Legal Aid of Arkansas at 1-800-952-9243 to request legal aid (if available in your area).

Prior to the hearing, you and/or your representative have the right to review your record and any other evidence that will be presented at the hearing. You have the right to present evidence in your own behalf, to bring witnesses and to question any person who is presented as a witness against you.

TEA-1421

Notice of Work Activity Non-Compliance

Purpose

Form TEA-1421 is used to notify a participant of a work activity non-compliance sanction. The form will be sent when the participant's TEA payment is suspended, reduced or when the case is closed due to sanction.

Completion

Section I:

The effective date of the suspension or reduction will be based on date of infraction in which the TEA payment is affected. The case manager will enter information where applicable.

The number of months remaining in the participant's 24-month time limit will be completed.

The DWS Workforce Specialist will determine the effective date of closure. The applicable policy reference will be entered in the space provided.

The following dates will be entered in the space provided:

- Actual date on which the action will be, usually 10 days after mailing notice, or has been taken.
- The last date to file an appeal will be 30 days after mailing notice date.
- The date by which the household must file an appeal if their benefits are to be continued or reinstated. This is 10 days following the date the notice was issued.

Routing

The original TEA-1421 will be sent to the participant with a copy filed in Section 6 of the case record.

Retention

The TEA-1421 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

Transportation Billing / Routing Sheet
Transitional Employment Assistance

Case Head Name:

County:

Case Number:

For the Month of:

Transportation was provided by: ☐ Participant ☐ Provider

Section I: Participant or Transportation Provider Information

Name of Individual or Company to be Paid:

Address:

Phone No.:

Contact Phone No.:

Fax No.:

Total transportation reimbursement requested:

I certify that the information reported on this form is correct, and that all expenses were incurred while participating in TEA activities. Copies of mileage verification required i.e. Mapquest.

Participant Signature

Date

Provider Signature

Date

Authorizing Signature

Date

Section II: FOR OFFICAL USE ONLY

Amount of check to be issued via WISE

WISE Check No.

Date information keyed into WISE

Keying Worker No.

Use this space to record reimbursement codes and calculations (i.e., days/miles x rate)

Additional information / Comments:

To be filled out by participant. Verify the Rate per Mile with your DWS Workforce Specialist. If the total amount for a one way trip is less than \$3.00, then enter \$3.00 in the AMOUNT CLAIMED. List all travel even if total exceeds \$200.00. Use additional pages if needed.

[illegible]

Instructions

TEA-1430

Transportation Billing / Routing Sheet

Purpose

The TEA-1430 will be used for reimbursement to transportation providers and participants.

Completion

The TEA-1430 Section I will be completed by the transportation provider or participant, provider and authorizing signature required for release of payment.

Section II will be filled out by the staff member keying reimbursements into payment system.

Section III will be completed by the provider or the participant requesting travel reimbursement. If the provider is completing form, the stated rate per mile in the provider's TEA-1432 will be used. If the participant is completing form, the rate per mile is based on the State of Arkansas travel reimbursement rate at the time of travel. Section III requires the provider or the participant to fill out detailed information to insure the participant is only requesting travel reimbursement for work activities in accordance with employment plan.

Note: The provider will need to include other documentation with this form as required by contract. If the provider does not have a company invoice or receipt system, page 2 of the TEA-187 can be used.

Routing

Once the reimbursement has been keyed and payment approved, the original TEA-1430 is sent to TANF Accounting with company invoice will be submitted to TANF Accounting required documentation including a copy of the WISE reimbursement screen. The TEA-1430A copy will be retained-filed in Section 5 of the case file.

Retention

The TEA-1430 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**MEMORANDUM OF AGREEMENT
BETWEEN**

**AND
ARKANSAS DEPARTMENT OF WORKFORCE SERVICES,
TO PROVIDE TRANSPORTATION SERVICES FOR TEA PARTICIPANTS**

Arkansas Department of Workforce Services, ("the Department") does hereby enter into this Memorandum of Agreement (MOA) with _____ ("the Transportation Provider") to provide transportation services specified herein. The point of contact for the Department for activities related to this MOA shall be the _____ DWS local office manager.

- I. The Department is the primary agency charged with helping adults increase their employment potential. The lack of transportation is a major barrier to those TEA participants seeking services and/or employment. The purpose of this MOA is to provide transportation services to Transitional Employment Assistance (TEA) participants who are unable to actively participate in the TEA program or obtain employment due to transportation barriers. The Transportation Provider shall provide transportation for TEA participants to the _____ DWS Local Office, to potential job sites, employment, training/educational sites, day care centers or other activities approved by the DWS Workforce Specialist and allowable under TEA policy.
- II. This MOA between the Department and the Transportation Provider to provide transportation services to current TEA participants residing in _____ County and/or Counties shall be for the period of _____ through _____.
- III. The Transportation Provider must comply with all statutes, regulations, codes, ordinances, and licensure or certification requirements applicable to the Provider or to the Provider's agents and employees, and to the subject matter of this MOA. Failure to comply shall be deemed inadequate performance.
- IV. The Transportation Provider agrees to hold the Department harmless and to indemnify the Department for any additional costs of alternately accomplishing the goals of this MOA, as well as any liability for costs or fees that the Department may sustain as a result of the Transportation Provider's lack of performance.
- V. Either party may cancel this MOA unilaterally at any time by giving the other party thirty (30) calendar days written notice, and delivering notice of cancellation either in person or by certified mail, return receipt requested, restricted delivery. Cancellation notices from the Transportation Provider must be sent to the _____ DWS local office manager. The Department may cancel this contract pursuant upon giving the Transportation Provider thirty (30) days written notice, and delivering notice of cancellation either in person or by certified mail, return receipt requested, restricted delivery.
- VI. In the event that Federal and/or State funds for this MOA become unavailable, the Department shall have the right to terminate this MOA without penalty. Availability of funds shall be determined at the sole discretion of the Department. Payments for completed services or deliverables satisfactorily delivered to and approved by the Department shall be at the price specified in this MOA. Payment for partially completed services or deliverables satisfactorily delivered to and not yet approved by the Department shall be at a price mutually agreed upon by the Transportation Provider and the Department.

VII. Performance evaluations shall be conducted by the Department as necessary to determine if the Transportation Provider's performance is adequate and may include on site visits, data review, and scheduled meetings. In addition, the Department shall conduct a final performance evaluation before the final payment is made, or the last month of the term of this MOA, whichever comes first. The final payment shall not be made until this final performance evaluation evidencing adequate performance is completed.

VIII. The Performance Deliverables and Performance Indicators for this MOA are:

Performance Deliverable 1 – Summary of services to be provided

The Transportation Provider shall develop a service delivery system to provide transportation services to TEA participants who are unable to actively participate in the TEA program or obtain employment due to transportation barriers.

Performance Indicator 1

The target population for this MOA shall consist of TEA participants (adults and children) residing in _____ County and/or Counties. The DWS Workforce Specialist shall refer eligible participants to the Transportation Provider on the TEA-1427, Provider Service Authorization, form which shall serve as authorization to provide transportation services. The DWS Workforce Specialists shall make every effort to provide 24 hours notice to the Transportation Provider for transportation needs.

Performance Indicator 2

The Transportation Provider may also provide transportation for children of a TEA participant needing transportation to day care. The children must be transported in approved child safety seats [corresponding to their age and weight](#).

Performance Indicator 3

The Transportation Provider shall provide vehicles manned by insured drivers that meet the following conditions:

- All drivers must be at least twenty-one (21) years of age and have a current valid Arkansas Drivers License, [Class "D", "P" Endorsement](#). If state or federal regulations, or insurance requirements, are amended to require that drivers providing transportation services like those specified in this MOA are required to have a Chauffeur's Drivers License, the Transportation Provider will ensure that their drivers comply with the amended requirements;
- All drivers must meet current State and Federal Motor Carrier Safety Regulations and guidelines;
- All drivers and attendants must have no prior convictions for drug related, substance abuse, sexual offenses, or crime of violence. A person who has been convicted of a felony or has been registered on either Child or Adult / Long Term Maltreatment Registry during the last five (5) years shall not be allowed to drive or attend passengers until a satisfactory review of the individual by the Transportation Provider and Department has been completed.

The Transportation Provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or dangerous drugs. If the Transportation Provider or Department suspects a driver to be driving under the influence of alcohol, narcotics, or dangerous drugs, the Transportation Provider shall immediately remove the driver from providing service to TEA participants. Individuals who have within the last five (5) years or currently have a suspended or revoked driver's license, commercial or other, are prohibited from driving for any purpose of this MOA. Drivers who receive any two combinations of two moving violations or accidents where the driver is at fault during the term of this MOA must be removed from service. All drivers must be

courteous, patient and helpful to all passengers and be neat and clean in appearance. The Transportation Provider shall be responsible for gasoline, repair, maintenance, insurance and any other costs related to vehicles owned and/or operated by the Transportation Provider and shall operate by individual needs of TEA participants requiring transportation services.

Performance Indicator 4

The Transportation Provider shall develop routes and pickup schedules to ensure that the TEA participant arrives for work no later than ten minutes prior to the start of the workday or appointment time and picks the TEA participant up within 45 minutes of the scheduled return time. The Transportation Provider shall provide route schedules to TEA participants being provided transportation services and the _____ DWS Local Office.

Performance Indicator 5

The Transportation Provider shall provide a system that insures timely communication. In the event the TEA participant fails to use the authorized transportation service, the Transportation Provider shall inform the _____ DWS local office manager, or their designee, by the next working day by facsimile transmission that the participant was not available for pick up. No further services shall be provided to those participants that fail to access the services provided more than three (3) times without good cause. The DWS local office manager shall be the final judge as to whether the participant had good cause to miss a pre-arranged transport. See Performance Deliverable 5 - Rate of Pay, for information on payments to Transportation Providers in those instances where a participant fails to use a pre-arranged transport.

In the event of an emergency, the Transportation Provider shall provide a pager number/phone number to TEA participants requiring transportation services. The Transportation Provider shall respond to the TEA participant within thirty minutes of receiving a page/phone call from the TEA participant.

It is the responsibility of the DWS Workforce Specialist to inform the Transportation Provider, via a TEA-1404, Termination or Change of Service, to Provider, by the next working day using facsimile transmission when services are to cease.

Performance Deliverable 2 - Providing TEA participants their rights and responsibilities

The Transportation Provider shall utilize written participant information on their rights and responsibilities as a rider developed by the Department.

Performance Indicator 1

Written information on participant rights and responsibilities shall be provided to the TEA participant on the first day transportation services are delivered. The rights and responsibilities document will be supplied to the Transportation Provider by the Department.

Performance Deliverable 3 – Participant referral and service delivery procedures

The Transportation Provider agrees to abide by the following referral and service delivery procedures:

- A. The DWS Workforce Specialist determines the need for transportation.
- B. The DWS Workforce Specialist completes an authorization for transportation services by completing a TEA-1427, Provider Service Authorization, and sends the original and one copy to the Transportation Provider.

- C. The _____ DWS local office manager must authorize any transportation service covered by this MOA exceeding \$200.00 per calendar month per TEA case prior to the service being delivered.
- D. The Transportation Provider provides transportation as outlined in this MOA. The Transportation Provider is not guaranteed a minimum number of transportation referrals by the Department during the term of this MOA.
- E. The Transportation Provider shall notify the _____ DWS local office manager, or their designee, by the next working day by facsimile transmission if the TEA participant fails to use the transportation service when scheduled or when the TEA participant discontinues using the service.
- F. The DWS Workforce Specialist shall notify the Transportation Provider via facsimile transmission, using a TEA-1404, Termination or Change of Service, by the next working day of any changes in a TEA participant that is receiving transportation services under this MOA that would effect the delivery of the service (for example a TEA participant has moved or is no longer eligible for services under this MOA).
- G. The Transportation Provider shall provide transportation services only for work related activity purposes addressed on the TEA-1427, Provider Service Authorization.
- H. The Transportation Provider shall maintain the confidentiality of TEA participants in compliance with federal and state laws and regulations.
- I. The Transportation Provider shall utilize funds provided by this MOA solely for the express purpose stated in this agreement.
- J. The Transportation Provider shall cooperate with all state and federal reviews and audits.
- K. The Transportation Provider shall obtain prior written approval of the DWS Director, or their designee, before release of any media and technical information regarding cooperative efforts of the Department and the Transportation Provider.

Performance Deliverable 4 – Hours of service

Transportation services shall be provided twenty-four hours a day, seven days a week.

Performance Deliverable 5 – Rate of pay

The Transportation Provider agrees to the following rate for providing transportation services specified in this MOA:

Trip that originates and ends within _____ city limit - _____

Trip that either originates or ends outside _____ city limit - _____

The rate shall be counted separately for each TEA participant being transported. If more than one TEA participant (as long as they are not participating in the same TEA case) is transported from the same originating location to the same destination, each individual TEA participant's rate shall be counted separately.

However, if a TEA parent(s) and their child (ren) are being transported together from the same originating location to the same destination, the rate shall be calculated as if only one person had been transported. An example of this would be a parent taking their children with them to keep an appointment at the _____ DWS Local Office.

The Transportation Provider must accept the fees shown above as payment in full, inclusive of all administrative costs, transportation costs, overhead, and profit, for all services required under this MOA. Prior to executing this MOA, the Transportation Provider shall furnish the Department a line item budget sheet detailing the projected yearly costs to be incurred by the Transportation Provider in providing the services specified in this MOA.

Upon the first two occurrences where a transport has been arranged for a TEA participant, and the participant fails to be at the pre-arranged trip origination point at the specified time, the Transportation Provider shall be paid for the trip in the amount that would have been paid if the transport had occurred, whether the participant had good cause to fail to show or not. This payment is only guaranteed for the first two no-shows caused by a particular TEA participant. The DWS local office manager shall use their discretion as to whether subsequent "no-shows" caused by this particular TEA participant shall result in a payment to the Transportation Provider.

Performance Deliverable 6 – Billing and payment procedures

The Transportation Provider agrees to abide by the following billing procedures:

- A. Two original copies of the invoices for the month, and copies of the TEA-1430, Transportation Billing/Routing Sheet, substantiating the charge, shall be presented by the Transportation Provider to the _____ DWS local office manager, or their designee, by the fifth (5th) working day of the month following the month of service. Page 2 of the TEA-187 may be used if company invoice or receipt is not available.
- B. The Transportation Provider shall be required to keep on file logs with daily destination points for each participant transported and any other information deemed necessary for audit purposes. The log shall contain, at a minimum, the following information, sorted by date and Participant Name/Social Security Number:
 - Participant Name
 - Participant Social Security Number
 - Date of Service
 - Pickup/Destination Points
 - Pickup/Delivery Times
 - Number of miles traveled by participant per trip
 - Signature by Participant Attesting to Delivery of Services
 - Indicate "No Show" by Participant
- C. The TEA-1430, Transportation Billing/Routing Sheet, shall be reviewed and compared to the Transportation Provider's invoice and approved by the _____ DWS local office manager, or their designee. The invoice and the TEA-1430, Transportation Billing/Routing Sheet, shall be submitted by the _____ DWS local office to the TANF Accounting office. The Transportation Provider shall submit an invoice that complies with DWS invoice requirements. Attachment A to this MOA is the summary of TANF invoice requirements. The _____ DWS local office shall authorize payment through the WISE system. However, the check cannot be released until the original approved invoice is received by the DWS Accounting Department. The _____ DWS local office should submit the approved invoice by the tenth (10th) working day of the month following the month of service.

- D. If the Department documentation does not agree with the TEA-1430, Transportation Billing/Routing Sheet; TEA-1427, Provider Service Authorization; and invoice submitted by the Transportation Provider, the _____ DWS local office manager, or their designee, shall note the discrepancies on the invoice and return to provider for correction. The provider will have 5 business days to return corrected invoice for approval. The correct invoice will be forwarded for payment. Payment shall be made at the agreed upon rate, and the Department shall authorize payment for disputed amounts upon resolution of the disagreement. Disagreements shall be resolved within 30 days, unless either party requests an extension.

Performance Deliverable 7 – Liability insurance

The Transportation Provider shall furnish the Department an insurance certificate ~~listing the State as a loss payee. The insurance certificate must document~~ing that the liability insurance coverage purchased includes contractual liability coverage to protect the State, and must contain information required by ~~the Motor Vehicle Responsibility Act, § 27-19-101 et seq. the Insurance Department of the State of Arkansas.~~

Performance Indicator 1

Copies of the insurance certificate shall be provided to the Department prior to providing transportation services.

Performance Indicator 2

The Transportation Provider agrees to provide written prior notice to the Department in the event the insurance coverage changes.

Performance Deliverable 8 - Transportation Provider and Department's mutual assurances

The Transportation Provider and the Department mutually agree to abide by the following assurances:

- A. Provide innovative approaches to removing transportation barriers and assisting TEA participants to become self-sufficient.
- B. Encourage communication and cooperation by discussing the need for assistance, services, and changes in plans, etc.
- C. Attend joint meetings to enhance coordination efforts, as deemed necessary by either agency.
- D. Exchange data information necessary to meet state and federal reporting requirements.
- E. Comply with the TEA policy and TANF regulations in operation of the program.

The Department agrees to:

- A. Access federal TANF funds in accordance with the Deficit Reduction Act of 2005.
- B. Designate the _____ DWS local office manager to serve as coordinator of these efforts among agencies.
- C. Assess all TEA participants who are in need of transportation and refer appropriate TEA participants to the Transportation Provider on the TEA-1427, Provider Service Authorization.

- D. Respond in accordance with existing TEA policy when notified by Transportation Provider of non-cooperation by participant.
- E. Comply with all provisions as specified within this agreement.
- F. Notify Transportation Provider via facsimile transmission on the TEA-1427, Provider Service Authorization, of status changes/ineligibility of TEA participants for services.

The Transportation Provider agrees to:

- A. Educate participants regarding their rights and responsibility as a rider.
- B. Provide routine maintenance of vehicle to insure that the vehicle is in proper and safe working order at all times, with licenses, inspection, safety belts and approved child safety seats.
- C. Provide an insured, trained driver who meets the criteria listed under Performance Indicator 3 of Performance Deliverable 1.
- D. Provide insurance coverage consistent with Arkansas laws.
- E. Comply with all provisions as specified in this MOA.

F. Clearly display company name and/or logo on the vehicle but does not obstruct the operator's view or restrict the safe operation of the vehicle.

Performance Deliverable 9 – Performance monitoring and remedies for unacceptable performance

Transportation Provider shall provide acceptable service performance. Acceptable Performance is defined as 100% compliance with the stated Program Deliverable and Performance Indicators.

Method and Frequency of Performance Monitoring

Performance evaluations shall be conducted as needed by the Department to determine if the Transportation Provider's performance is adequate.

Participant complaints and comments shall also be used to determine if the Transportation Provider is complying with the terms of this MOA.

The _____ DWS local office manager, or their designee, shall monitor the TEA-1427, Provider Service Authorization, and invoices for accuracy and timeliness of submission.

Unacceptable Performance and Remedies

Unacceptable performance shall be determined solely at the discretion of the Department. Remedies for Unacceptable Performance Indicators include one or more of the following:

1. The Department shall notify Transportation Provider in writing the reasons that performance is unacceptable. Transportation Provider shall submit a corrective action plan acceptable to the Department within 30 days of written notification.
2. Payment may be withheld or reduced.
3. This MOA may be terminated.

Formatted: Indent: Left: 36 pt

Formatted: Indent: Left: 36 pt, Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0 pt + Tab after: 18 pt + Indent at: 18 pt, Tab stops: Not at 18 pt

Formatted: Bullets and Numbering

SIGNATURES:

Signatures indicate agreement to the provisions stated above and certification that parties are authorized to enter into such an agreement on behalf of the agencies represented.

For the Transportation Provider:

For the Department:

Signature

Date _____

Signature

Date _____

Title

Title

Address

Address

Tax Identification Number

ATTACHMENT A

SUMMARY OF DWS INVOICE REQUIREMENTS

1. An original invoice or Department-produced invoice is required to process an invoice. If the payment involves multiple appropriations/characters, an original invoice must be submitted for each appropriation/character.
2. Products of facsimile (FAX) transmission, copier, or "cut and paste" invoices, and signed facsimiles or copies of invoices are NOT considered valid original invoices.
3. Only "official" invoices and copies prepared by the Provider or Department prepared document signed by the Provider will be accepted.
4. If the Provider cannot provide an invoice, a Department prepared invoice signed manually on an original document and all copies by a responsible representative of the Provider will be accepted. The representative's title and signature must be shown on all originals and copies.
5. If the Provider requests that payments be made via direct deposit, they must supply the Department with the name of the bank that will be receiving the deposits, the bank's routing number, the Provider's bank account number, whether it is a checking or savings account, the name of the account holder (if different than the Provider), and the name of any alternate payees for the bank account if there are any.
6. A document submitted as an invoice must meet the following:
 - A. The business name and address is required on original and Department prepared invoices.
 - B. If the name of the business firm is not printed on the invoice, but has been placed on it by rubber stamp, typewriter, or in ink, the original invoice must be signed manually by an official or agent of the business firm and must show the agent's official title.
 - C. All invoices must be billed to the Department.
 - D. The invoice must have a complete description of the goods or services being billed. Do not use abbreviations (such as "P/R" or "cont.") on Department-produced schedules. These are not standardized and may cause delays in the payment process due to invoices being returned for clarification purposes.
 - E. Invoices for services must have the date(s) of service.
 - F. The invoice must have total mileage and total amount paid. The information on the invoice must agree with the terms of the agreement.
 - G. Providers requesting direct deposit of payments, and whose invoices have been set up using the information listed in paragraph 5 above, **MUST** write "DIRECT DEPOSIT" boldly on the top of the first page of each invoice submitted.
7. If two or more names, corporate entities and/or addresses are printed on the invoice (for example, in the case of collaborative, etc.), the letterhead used for invoices must be that specifically of the payee, matching the applicable W-9 and Provider file.
8. For invoices with multiple pages, each page must adhere to the requirements listed above in items 1 through 6. The pages must be numbered in successive order in the format "Page ____ of ____."

**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES,
Transportation Services Memorandum of Agreement
Statement of Rights and Responsibilities**

Transportation Provider Assurances:

- a. The Transportation Provider assures the Department of Workforce Services, ("the Department") that they shall comply with all the Department's requirements set forth in the Transportation Services Memorandum of Agreement ("the Agreement"). Failure to adhere to the assurances established in this agreement shall be grounds for the Department's written notification of immediate termination to participate as a Provider in the WISE Payment System.
- b. The Transportation Provider agrees to supply appropriate Department employees with proof of Employer Identification Number (EIN), proof of liability insurance, signed W-9 form, IRS Letter 147C and agrees that services will not be authorized if this information is not submitted.
- c. The Transportation Provider agrees that payment will be made only for the actual time transportation is provided in order for a participant to participate in activities determined, approved and required by the Department.
- d. The Transportation Provider agrees to report any change in arrangements that will affect the Transportation Provider, participant, and/or payment; within ten (10) calendar days from the date on which the change occurred.
- e. The Transportation Provider, as a business, agrees to submit a signed company invoice for billing of services with a completed TEA-1430, Transportation Billing/Routing Sheet. The Transportation Providers must sign the billing forms.
- f. The Transportation Provider agrees that checks for payment of services rendered will be made through the WISE Payment System.
- g. The Transportation Provider agrees that services provided to TEA participants of the Department will be in compliance with the non-discrimination laws under Title 45 of the Code of Federal Regulations: Part 80 (non-discrimination on the basis of race, sex, or national origin) and Part 84 (non-discrimination on the basis of disability); Title 28, Part 35 (non-discrimination on the basis of disability in state and local government services Final Rule; and Title 41 Part 60-74 (OFCCP: Affirmative Action Regulations and Handicapped Workers). The Transportation Provider acknowledges and will comply with federal and state regulations requiring affirmative action/equal opportunity in employment and service delivery. Copies of the referenced regulations and policy will be provided upon request.
- h. The Provider agrees to comply with the provisions of Audits of State and Local Governments and Nonprofit Organizations and any audits related to the Omnibus Budget Reconciliation Act. Copies of the above referenced circulars and guidelines will be furnished upon request.
- i. The Provider agrees to comply with any monitoring visits conducted by the DWS Monitoring Unit with written notification of the monitoring visit.
- j. The Transportation Provider agrees to obtain the parent /guardian's signature on each monthly billing form TEA-1430, Transportation Billing/Routing Sheet, and/or invoice prior to submission for payment.
- k. The Transportation Provider agrees that only directors, owners, or authorized representatives will sign the TEA-1430, Transportation Billing/Routing Sheet, and/or invoice.

Department Responsibilities

- a. The Department shall determine the eligibility of participants and fees to be assessed those authorized to be served through the WISE Payment System. The eligible participant will receive information relative to eligibility requirements, fees, verification information, and limitations on services/payment amounts, prior to any services rendered and payments made.
- b. Funds will be used to pay for only those services for which written authorization has been given. The Department will not pay for any services rendered by a Transportation Provider unless: 1) the service has been authorized by an appropriate Department employee(s) via TEA-1427, Provider Service Authorization; 2) a signed agreement has been received and is on file; and 3) other requirements relative to provider eligibility have been met.
- c. The Department agrees to notify the Transportation Provider of termination of services in a timely manner using the appropriate form and timeframes set forth in the TEA policy.
- d. The Department agrees to make available to the Transportation Provider necessary technical assistance concerning policy (including the transportation Memorandum of Agreement), record keeping requirements and billing procedures.
- e. The Department shall not be obligated to pay for any bills received more than thirty (30) calendar days after the end of the month for which services were rendered, unless the Transportation Provider can demonstrate good cause for untimely submission or required documentation/form.

JOB SEARCH REPORT
Transitional Employment Assistance

Participant Name		Week Starting	
Business/Employer:		Business/Employer:	
Address:		Address:	
Phone Number:		Phone Number:	
Person Contacted:		Person Contacted:	
Job position:		Job position:	
Date of Contact:		Date of Contact:	
<input type="checkbox"/> Submitted Job Application		<input type="checkbox"/> Submitted Job Application	
<input type="checkbox"/> Had Job Interview		<input type="checkbox"/> Had Job Interview	
<u>Time Spent:</u>		<u>Time Spent:</u>	
Business/Employer:		Business/Employer:	
Address:		Address:	
Phone Number:		Phone Number:	
Person Contacted:		Person Contacted:	
Job position:		Job position:	
Date of Contact:		Date of Contact:	
<input type="checkbox"/> Submitted Job Application		<input type="checkbox"/> Submitted Job Application	
<input type="checkbox"/> Had Job Interview		<input type="checkbox"/> Had Job Interview	
<u>Time Spent:</u>		<u>Time Spent:</u>	
Business/Employer:		Business/Employer:	
Address:		Address:	
Phone Number:		Phone Number:	
Person Contacted:		Person Contacted:	
Job position:		Job position:	
Date of Contact:		Date of Contact:	
<input type="checkbox"/> Submitted Job Application		<input type="checkbox"/> Submitted Job Application	
<input type="checkbox"/> Had Job Interview		<input type="checkbox"/> Had Job Interview	
<u>Time Spent:</u>		<u>Time Spent:</u>	
The job search contacts I have provided on this form are correct.			
Participant Signature		Date:	
Signature below confirms participant turned job search contacts in correctly and timely.			
DWS Workforce Specialist		Date:	

Formatted Table

Formatted Table

OTHER ACTIVITIES

On the first page, you told where you had interviews and/or submitted job applications. In the blocks below, write the other things you did each day to look for work. Such as reading the job want ads, calling employers, registering with DWS Job Services, seeking employment through WIA, sending resumes to employers/companies, contacting people for job leads, sending thank you cards to interviewers, writing cover letters and other things that might lead to employment.

EXAMPLE: Monday

What I did: I called my past employer to see if they were hiring. I read the help want ads, registered with DWS.

Results: One of my past employers may need someone later this month. I did not find anything in the help want ads.

Time of Participation: 2 ½ hours

Monday

What I did:

Results:

Time of Participation:

Tuesday

What I did:

Results:

Time of Participation:

Wednesday

What I did:

Results:

Time of Participation:

Thursday

What I did:

Results:

Time of Participation:

Friday

What I did:

Results:

Time of Participation:

Instructions

TEA-1446

Job Search Report

Purpose

This form will be used by the participant to report Job Search. The local office will use the form to calculate actual hours of participation.

Completion

The DWS Workforce Specialist will instruct the participant on how to complete the form. They will instruct the participant to sign each form submitted. On the front of the sheet the participant will provide information relating to the job interviews and/or submitted applications required.

The participant will complete the name of the company contacted, the address, the telephone number, the person at the company who interviewed or talked to the participant, and the date of the contact. The participant will check whether a job application was submitted, had a job interview, or both.

The participant will follow the example given; listing what was done each day, the results, and actual hours of participation. If the participant needs additional space to explain activities, the participant will be instructed to attach a sheet(s) of paper to the form. If the participant does job seeking activities on weekends, the participant may cross out one of the other days and write in the correct day.

The DWS Workforce Specialist will sign once receiving the form back from the participant to verify hours of participation.

Routing

The TEA-1446 will be filed in Section 6 the case record.

Formatted: Font: (Default) Times New Roman

Formatted: Normal

Retention

The TEA-1446 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.