Employment & Training Support (ETS) Services

The following information is intended for use by the NHEP Employment Counselors when authorizing ETS services for eligible clients, using New HEIGHTS and Bridges systems.

Bridges/New HEIGHTS Activities Interface

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| New HEIGHTS SYSTEM | BRIDGES |
| ACTIVITY  | CODE | ACTIVITY | CODE | ALLOWABLE SERVICE |
| ABE/GED Contract | AB | Education | 02 | 01-17 |
| ABE/GED Non-Contract | GE | Education | 02 | 01-17 |
| AWEP | AW | AWEP | 08 | 01-07, 10-18 |
| AWEP Concurrent | A1 | AWEP | 08 | 01-07, 10-18,  |
| Barrier Resolution | BR | Barrier Resolution | 10 | 01, 06, 07, 16, 17, 19 |
| CWEP (Community Service) | CS | CWEP | 13 | 01-07, 10-18 |
| CWEP Concurrent | C1 | CWEP | 13 | 01-07, 10-18 |
| Employment | EM | Employment | 01 | 01-07, 10-17 |
| Employment 1st Concurrent | E1 | Employment | 01 | 01-07, 10-17 |
| Employment 2nd Concurrent | E2 | Employment | 01 | 01-07, 10-17 |
| English as a Second language | EN | Education | 02 | 01-17 |
| English as a Second language Concurrent | N1 | Education | 02 | 01-17 |
| Family Intervention | FI | Job Readiness | 10 | 01, 06, 07, 16, 17, 19 |
| High School | HS | Education | 02 | 01-17 |
| HomeCare Works | HC | OJT | 07 | 01-17 |
| Job Readiness | JR | Job Readiness | 04 | 01-07, 10-17 |
| Job Search | JS | Job Search | 06 | 01-07, 10-17 |
| OJT | OJ | OJT | 07 | 01-17 |
| Post-Secondary Education | PS | Post-Secondary | 05 | 01-17 |
| Self-Employment | SE | Employment | 01 | 01-07, 10-17 |
| Self-Employment Concurrent | SA | Employment | 01 | 01-07, 10-17 |
| Single Course | SC | Single Course | 09 | 01-17 |
| Single Course Concurrent | S1 | Single Course | 09 | 01-17 |
| Vocational Educational Training | CT | Vocational Skills Training | 03 | 01-17 |
| Workplace Success (CWEP) | JC | CWEP | 13 | 01-07, 10-17 |
| Workplace Training – Secondary activity offered at the Workplace Success OR any other secondary training program.  | TO | Single Course | 09 | 01-17 |

* TANF Cash must be open, client must be enrolled in the Work Program, and meeting participation to receive ETS services
* All requests for ETS services must be preapproved by the ECS
* All ETS services must be authorized in the activity requiring the service
* Providers must submit bill no more than 90 days after ETS Service end date
* Transportation is the only ETS that can span two fiscal years

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| **Service Code and Type****Payment Method****Form #** | Requirements | **Service Codes Group****General Limits Time Limits** |
| **01** Child Care Registration**PROVIDER****255** | * Authorize under case head RID #
* Cannot be used for first week of CC
* **One-time payment per child per provider per SFY**
 | **01-05****Combined- $500 SFY****Individual- None2 month, 1 SFY** |
| **02** Education/Training **PROVIDER****255** |  | **01-05 Combined- $500 SFY****Individual- None****2 month, 1 SFY** |
| **03** Books & Supplies**PROVIDER****255** |  | **01-05 Combined- $500 SFY Individual- None****2 month, 1 SFY** |
| **04** Uniforms**PROVIDER****255** | * Must be used for uniforms only
* Must complete Clothing Request Approval Form 274T
 | **01-05 Combined- $500 SFY****Individual- None****2 month, 1 SFY** |
| **05** Tools of the Trade**PROVIDER****255** |  | **01-05 Combined- $500 SFY Individual- None2 month, 1 SFY** |
| **06** Auto Repair**BOTH****255** | * Must be determined the auto is necessary to participate in NHEP
* Copy of valid driver’s license/auto registration must be on file
* Review written estimate of the cost of repairs from an auto repair

 business to include:* Name, address and phone # of the business
* Itemized list of repairs including parts, labor, and associated costs necessary to make the vehicle functional and safe
* NHEP Roadworthy Statement indicating the vehicle is worth repairing
* Vehicle must be registered to client, other parent in 2-parent case,

or dependent child**(Written estimate must be submitted in advance of service being provided except in an emergency where the vehicle requires towing.)** | **06****$500 SFY****2 month, 1 SFY** |
| **07** Transportation**CLIENT****256** |  | **07 & 17 Combined- $160/mo. 12 month, 2 SFY** |
| **17** Public/Private Carrier**PROVIDER****256A** | * Can be multi-ride or monthly pass
 | **07 & 17 Combined- $160/mo.****4 month, 1 SFY** |
| **08** Tuition**PROVIDER****257****08** Tuition (cont.)**PROVIDER****257** | * Used for: Post-Secondary Education, or Vocational Training
* Before authorizing, The ECS must receive:
* the name of the program,
* proof of enrollment,
* the class schedule, and
* the expected start and end dates.
* Education & Training Assessment Checklist must be completed
* Vocational assessment must have been completed and program match career goals
* All other sources of funding (PELL Grants, WIOA funding etc.) must have been exhausted
 | **$1575 SFY** **6 month, 1 SFY****$1575 SFY** **6 month, 1 SFY** |
| **10** Auto Insurance**BOTH****255** | * **May be billed prior to service provided**
* Auto insurance for only the usual and customary rates, not for higher rates due to accidents, violations, etc.
* A statement of coverage & charges from the provider is needed
* Must provide a minimum of 12 months of coverage
* **May only be used if auto insurance is a condition of employment**
 | 10-12, 14-16 Combined- $750**Individual- None****2 month, 1 SFY** |
| **11** Auto Registration**CLIENT****255** | * **May be billed prior to service provided**
* Client provides current registration as an estimate of cost or an estimate from the city clerk’s office
* Client provides copy of valid driver’s license
* Cannot be used for vanity plates
* Vehicle must be registered to client, other parent in 2-parent case, or dependent child
 | 10-12, 14-16Combined- $750**Individual- $350****2 month, 1 SFY** |
| **12** Driver’s License Fees**CLIENT****255** | * **May be billed prior to service provided**
* Recipient must provide copy of the new license
 | **10-12, 14-16 Combined- $750****Individual- $902 month, 1 SFY** |
| **14** Work/Office clothing**BOTH****255** | * Not for uniforms
* Must be approved for activity appropriate clothing only
* Must complete Clothing Request Approval Form 274T
 | **10-12, 14-16****Combined- $750****Individual- $200****2 month, 1 SFY** |
| **15** Personal Care**BOTH****255** | * Used for haircuts and personal care items

(Toothpaste/toothbrush, deodorant, etc.) | 10-12, 14-16 Combined- $750**Individual- $25****2 month, 1 SFY**  |
| **16** E/O Other**BOTH****255** | * Requires FSM approval if:
	+ Auto repair exceeds $300
	+ Incidentals (CBC, clothing, etc.) exceeds $60
* All other resources must be exhausted
 | **10-12, 14-16 Combined- $750****Individual- None****2 month, 1 SFY** |
| **13** Dental**PROVIDER****255** | * Requires FSM approval if over $200
* All other resources must be exhausted
* Cannot be approved for Prophylaxis or Orthodontics
* Surgery covered under Medicaid
 | **13****$1500 SFY****4 month, 1 SFY** |
| **18** Mentor Program(CC Solutions**)PROVIDER****255** |  | **18****$800/Provider$1000 SFY** **2 month, 1 SFY** |
| **19** Assessment**PROVIDER****255** |  | **19****$800 SFY** **2 month, 1 SFY** |