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**OFFICIAL**

E-mailed: 04/11/14 (pv)

**Workforce Development Agency (WDA)**  
**Policy Issuance (PI): 13-29**

**Date:** April 11, 2014

**To:** Area Community Services Employment and Training (ACSET) Council  
Capital Area Michigan Works!  
Michigan Works! Career Alliance  
Great Lakes Bay Michigan Works!  
Detroit Workforce Development Department  
Macomb/St. Clair Workforce Development Board  
Southeast Michigan Community Alliance (SEMCA)  
Northwest Michigan Council of Governments

**From:** Gary Clark, Director, Office of Talent Development Services  
Workforce Development Agency  
**SIGNED**

**Subject:** Fiscal Year 2014 Foster Care Summer Youth Employment Program for  
Chafee-Eligible Youth (Foster Care SYEP)

**Programs  
Affected:** None

**Rescissions:** None

**References:** The Workforce Investment Act (WIA) of 1998

**Background:** Seven Michigan Works! Agencies (MWAs) will offer a summer program that provides meaningful summer employment opportunities for youth in foster care. The Foster Care SYEP for Chafee-Eligible youth will be in effect from April 1, 2014 to August 31, 2014. The Foster Care SYEP may include any combination of allowable WIA youth services that occur during the summer period, as long as it includes a work experience component as defined under the WIA regulations at 20 CFR 664.460. This program is being implemented at the request of the Michigan Department of Human Services (DHS) as part of its response to Dwayne vs. Granholm (2008 No. 2:06 cv. 13548).



**Workforce Development Agency, State of Michigan**  
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The WDASOM is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**Policy:**

**Foster Care SYEP**

The Foster Care SYEP will provide summer employment opportunities and workforce development activities (work-readiness) to approximately 325-375 current Chafee-eligible foster care youth ages 14-20.

**Program Dates**

June 1, 2014 – the first day participants can begin summer employment.  
July 15, 2014 – the last day for MWAs to accept SYEP referrals.  
August 31, 2014 – the last day for summer employment.

**Funding**

The DHS will provide \$600,000 of Chafee (Youth In Transition) funds to finance the project staff and services. No more than 10 percent (10%) of the allocated amount shall be spent for administrative costs. In addition, expenditures must be aligned to the percentage of youth served; however, the amount allocated to administrative expenses and staffing costs shall not be reduced pursuant to the number of youth served.

**Eligibility and Referral**

Eligibility for the Foster Care SYEP is restricted to open case foster youth ages 14 and older without a goal of reunification or likely to remain in care until age 18 or older. DHS shall be responsible for determining participant eligibility and referring eligible youth to the MWAs for enrollment. All referrals to the MWAs must be generated from DHS, not private agencies unless the local DHS has indicated that the private agency will submit referrals. However, in Wayne County, the referral may come from the DHS Agency Purchase of Service monitor or the Educational Planner staff. MWAs should work with local DHS partners to coordinate the referral process and timeline for referrals. The referral form, DHS 348, is attached.

**Foster Care SYEP Components**

MWAs will provide SYEP participants work experience and employment development opportunities that include work readiness training. MWAs are to provide a minimum of two weeks job readiness training to all participants. MWAs will provide summer employment opportunities to Foster Care SYEP participants for a minimum of six weeks, at least 20 hours per week, at no less than minimum wage.

Foster Care SYEP participants may participate in all summer youth program activities that are available to WIA youth participants, including

all WIA summer youth employment program activities. Foster Care SYEP participants shall receive minimum wage or the amount paid to WIA youth participants for equivalent summer employment, whichever is greater.

For each participating MWA, DHS shall designate a Foster Care SYEP case manager/contact person. This person shall be responsible for providing the MWAs all participant information and other assistance, as necessary, as well as ensuring caseworkers are informed and provide support to participants.

In the event that disciplinary action is necessary to address negative behavior or barriers to successful participation in the program are identified, the MWAs should contact the DHS case manager/contact person to provide assistance. The DHS case manager/contact person will contact the caseworker who will provide the assistance.

### **Procurement**

To ensure swift implementation of Foster Care SYEPs, MWAs may modify or expand existing competitively procured contracts that provide the same set of services. In the event that existing competitively procured contracts do not exist, the competitive bid process must be utilized to select a Foster Care SYEP provider.

### **Data Entry**

All Foster Care SYEP participants must be entered into the One-Stop Management Information System (OSMIS). A special initiative indicator has been added to the WIA registration page called “Foster Youth Summer Employment.” This indicator must be set to “Yes” for any participant under this program. Foster Care SYEP participants may be dually enrolled as WIA year-round youth and foster youth.

- **Funding** – From the OSMIS “Funding Source/Program” screen, select “Foster Youth Summer Employment” under the “Other MWA Programs” field. This will identify the youth as being funded by the Chafee Foster funds. If this is the only funding source selected, the youth will not be included in local performance. If the youth is to be dually enrolled in the WIA year-round youth program, the MWA should also set the “Youth (Local) WIA” field to “Yes” on the funding source screen. This will indicate the youth is in the year-round program and will include the youth in local performance measures.

- Activities – Under the Activities section in the OSMIS, staff should select “education services” for youth participating in credit recovery and/or “summer youth employment opportunities” for youth participating in work experience, as applicable.
- Foster Care SYEP Enrollment – If a Foster Care SYEP participant is enrolled only as a foster youth, the goal section should be bypassed, activities should be ended at the end of the program. The participant should be exited at the end of the activities. These youth will be excluded from performance requirements.
- Dual Enrollment – If a Foster Care SYEP participant is dually enrolled as both WIA year-round youth and Foster Care SYEP, all WIA performance measures will apply and all WIA youth sections must be completed. DHS referrals for the Foster Care SYEP may be accepted to meet the requirements for a parent/guardian signature for enrollment in the year-round WIA program. WIA funds may be used to supplement wages and/or provide other services, but youth served with WIA funds must be dually enrolled.
- Every effort should be made to enroll at least 50 percent (50%) of program participants into the year-round WIA program.

### **Program Reporting**

The MWAs shall provide the following reports to WDA:

#### **Year-End Report**

The year-end report shall be submitted on the Foster Care Summer Youth Employment Year-End Report template (see attached). The year-end report must include the name, date of birth, and start and end date of each SYEP participant along with the following performance measures and service recommendations:

- The youth met job readiness measures.
- Youth entered a WIA program at the completion of SYEP.
- Recommendations for future services.

The report must be submitted to the WDA to the attention of Ms. Yvette Harris via e-mail at [HarrisY@michigan.gov](mailto:HarrisY@michigan.gov) by October 13, 2014.

#### **Follow-Up Report**

The follow-up report shall be submitted on the Foster Care Summer Youth Employment Follow-Up Report template (see attached). The follow-up report must include the name, date of birth, and start and end date of each

SYEP participant along with the following individual participant-level performance measures:

- Retention status in the WIA Youth Program at 6 and 12 months after completion of program.

Follow-up reports shall be sent to WDASOM on March 31, 2015 and September 15, 2015. The follow-up reports must be submitted to the WDASOM to the attention of Ms. Yvette Harris by e-mail at [Harrisy@michigan.gov](mailto:Harrisy@michigan.gov).

### **Fiscal Requirements and Reporting**

A fiscal report for the period ending June 30, 2014 is due through the Management of Awards to Recipients Systems (MARS) on or before July 20, 2014.

A fiscal report for the period ending August 31, 2014, is due through MARS within 20 days of the end of the program, or on, or before, October 6, 2014. Because financial reporting to the DHS will be based upon the information submitted on this report, reasonable and conservative estimates should be used, if final financial information is not available.

A final financial closeout report is due through MARS 60 days after the program's end by October 31, 2014. Expenditures in excess of what has been represented on the previous report are not allowed.

**Action:** MWAs must submit a Foster Care SYEP Plan consisting of a Plan Narrative, Plan Signature Page, and a Budget Information Summary within 30 days from the date of this policy issuance. Plans are to be submitted by e-mail to Ms. Pam Vance at [Vancep1@michigan.gov](mailto:Vancep1@michigan.gov) and to Ms. Yvette Harris at [Harrisy@michigan.gov](mailto:Harrisy@michigan.gov).

**Inquiries:** Questions regarding this policy issuance should be directed to Ms. Yvette Harris at (517) 241-0092 or at [Harrisy@michigan.gov](mailto:Harrisy@michigan.gov).

The information contained in this policy issuance will be made available in alternative format (large type, audio tape, etc.) upon special request to this office. Please contact Ms. Pamela Vance at (517) 373-6234 for details.

**Expiration  
Date:**

September 30, 2015

GC:YH:pv  
Attachments

**Allocations**

<b>Michigan Works! Agency</b>	<b>Number of Youth to Be Served</b>	<b>Total Allocation</b>
Area Community Services Employment and Training (ACSET) Council	40	\$64,000
Capital Area Michigan Works!	25	\$40,000
Michigan Works! Career Alliance	25	\$40,000
Detroit Employment Solutions, Inc.	150	\$240,000
Great Lakes Bay	25	40,000
Macomb/St. Clair Workforce Development Board	45	\$72,000
Southeast Michigan Community Alliance	50	\$80,000
Northwest Michigan Council of Governments	15	\$24,000
<b>Total</b>	<b>375</b>	<b>\$600,000</b>





**MICHIGAN WORKS!/WORKFORCE INVESTMENT ACT AGENCY REFERRAL  
FOSTER CARE YOUTH**  
Michigan Department of Human Services

A referral to the local Michigan Works! Agency (MW!A)/Workforce Investment Act (WIA) Program must be completed for all active foster care youth without a goal of reunification upon turning 14. If the youth enters foster care after age 14, the referral must be completed at case opening. Upon completion of the form, please mail to your local MW!A. A copy should be kept in the case file, with documentation of the date sent.

Please check what you are referring the youth to:

- A year-round MW!A or WIA youth program. This is required for any youth that is age 14 or older without a reunification plan. The youth must be told he/she is being referred, and should sign the form.
- Foster Care Summer Youth Employment Program (Foster Care SYEP). Please note: the Foster Care SYEP is **NOT** a WIA program; it is not offered statewide, and is only offered during specific time-frames. A foster care youth may be dually enrolled in a WIA program and the Foster Care SYEP, but **enrollment in the Foster Care SYEP can only take pursuant to a DHS referral.** Only check this box if the youth resides in a county that offers a Foster Care SYEP. The youth must be told he/she is being referred, and should sign this form.

**YOUTH INFORMATION:** Be sure that all youth contact information is up-to-date.

Name (Last, First, M.I.):		D.O.B.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:	State:	Zip:
Telephone Number: ( )	Race:	Ethnicity: Hispanic or Latino Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No		
Case Number:	Worker Load Number			
Target Group/Legal Status				
Youth Federal Goal:				
IEPC Yes <input type="checkbox"/> No <input type="checkbox"/>		ETV Eligible Yes <input type="checkbox"/> No <input type="checkbox"/>		TIP Eligible Yes <input type="checkbox"/> No <input type="checkbox"/>
Education Level:		Education Status		
Name of School Youth Attends				
This youth has no income Yes <input type="checkbox"/> No <input type="checkbox"/>				

**FOSTER CARE AGENCY INFORMATION**

Agency Name:		
Agency Address:		
Foster Care Worker's Name:	Foster Care Worker's Email Address:	Telephone Number:

**MICHIGAN WORKS!/WORKFORCE INVESTMENT ACT AGENCY INFORMATION**

Agency Name:	
Agency Address:	
Agency Contact Name:	Agency Telephone Number:

Youth Signature:	Date:
Foster Care Worker Signature:	Date:
Foster Care Supervisor Signature:	Date:

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	Authority: Response: Mandatory Penalty:
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## **Plan/Modification Approval Request Instructions**

1. Michigan Works! Agency (MWA): Enter the name of the MWA.
2. MWA Number: Enter the number assigned to the MWA.
3. Plan Title: Enter the appropriate title(s) for the plan being submitted. “Foster Care Summer Youth Employment Program (SYEP)” has been preprinted.
4. Plan/Modification Number: Each plan number will begin with the calendar year, i.e., 13. The modification will begin with 00, and subsequent changes will be next in sequence from 00, i.e., 10-01, 10-02, etc. “13-29” has been preprinted. NOTE: With the implementation of the Management of Awards to Recipients System in Program Year 2009, the designation “Version 1,” “Version 2,” may be substituted.
5. Program Period: Identify the program period covered by this plan. “04/1/14 through 08/31/14” has been preprinted.

The required signatories are designated in accordance with the Michigan Department of Energy, Labor & Economic Growth/Bureau of Workforce Programs PI 07-13, issued August 29, 2007.

## APPROVAL REQUEST

1. Michigan Works! Agency (MWA):	2. MWA Number:
3. Plan Title(s): Foster Care Summer Youth Employment Program (SYEP)	
4. Plan/Modification Number: 13-29	5. Plan Period: 04/01/14 through 08/31/14

THE CHIEF ELECTED OFFICIAL(S) AND WORKFORCE DEVELOPMENT BOARD HEREBY REQUEST APPROVAL OF THIS DOCUMENT.

Authorized Chief Elected Official	Date
Authorized Chief Elected Official	Date
Authorized Chief Elected Official	Date
Workforce Development Board Chairperson	Date

BWT-344 (5/09)

The Workforce Development Agency, State Michigan, in compliance with applicable federal and state laws, does not discriminate in employment or in the provision of services based on race, color, religion, sex, national origin, age, disability, height, weight, genetic information, marital status, arrest without conviction, political affiliation or belief, and for beneficiaries only, citizenship or participation in any federally assisted program or activity.

## **Budget Information Summary (BIS) Instructions**

### **Section I - Identification Information**

1. Michigan Works! Agency (MWA): Enter the name of the MWA.
2. MWA Number: Enter the number assigned to the MWA.
3. Program Title: Enter the program name. “Foster Care Summer Youth Employment Program (SYEP)” has been preprinted.
4. Policy Issuance Number: Enter the Policy Issuance number that the Budget Information Summary covers. “13-29” has been preprinted.
5. Plan Period: Enter the start and end dates of the plan period; i.e., 04/01/14 through 08/31/13. “04/01/14 through 08/31/14” has been preprinted.
6. Grant Name: Enter the name of the grant associated with the funding being awarded. “FY 2014 DHS – Chafee Funding” has been preprinted.
7. Project Name: Enter the name of the project associated with the funding being awarded. “Foster Care Summer Youth Employment Program (SYEP)” has been preprinted.

### **Section II - Total Funds Available**

1. Fiscal Year (AY) Funding
  - a. Enter the current FY allocated funding.
  - b. Enter amount transferred in from another program, if any, and indicate which program the amount came from. “N/A” has been preprinted. This step is not applicable.
  - c. Enter amount transferred out to another program, if any, and indicate which program the amount was transferred to. “N/A” has been preprinted. This step is not applicable.
  - d. Enter the sum of lines 1a, 1b, and 1c to show the total allocation.

### **Section III - Current AY Planned Expenditures by Cost Category**

1. Administration: Enter amount of allocation planned for administration.
2. Program: Enter amount of allocation planned for program costs.

If youth are dually enrolled in WIA year-round youth:

- a. Enter amount of allocation planned for in-school youth.
- b. Enter amount of allocation planned for out-of-school youth.

## BUDGET INFORMATION SUMMARY

### SECTION I – IDENTIFICATION INFORMATION

1. Michigan Works! Agency (MWA):		2. MWA Number:	
3. Program Title: Foster Care Summer Youth Employment Program (SYEP)		4. Policy Issuance Number: 13-29	
5. Plan Period: 04/01/14 through 08/31/14		6. Grant Name: FY 2014 DHS – Chafee Funding	
7. Project Name: Foster Care Summer Youth Employment Program (SYEP)			

### SECTION II – TOTAL FUNDS AVAILABLE

Allocation	Amounts
1. Fiscal Year (FY) Funding	
a. Current FY Funding	\$
b. Transfer in from:    Adult [    ]    Dislocated Worker [    ]	\$    N/A
c. Transfer out to:    Adult [    ]    Dislocated Worker [    ]	\$    N/A
d. Total Current FY Funding	\$

### SECTION III - CURRENT AY PLANNED EXPENDITURES BY COST CATEGORY

Cost Category	Amounts
1. Administration	\$
2. Program	\$
If Dually Enrolled Youth, complete a and b	
a. Program Funding Amount for In-School Youth	\$
b. Program Funding Amount for Out-of-School Youth	\$

BWT-345 (5/09)

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