

## **CWDB Statement of Policy**

### **Relationship Approval Form**

In order to avoid the appearance of any impropriety or conflict of interest, the CWDB has established a policy regarding the provision of WIOA services to individuals where there is some form of relationship with staff or board members. This includes individuals who are related to, residing with, employed by, or have any other relationship with staff or board members beyond the normal business relationship.

#### WIOA Registration

In cases where a relationship exists and services beyond Basic Career Services are requested, the service provider receiving the application will submit a request for approval to the CWDB executive director prior to the promises of any services to the client. The policy applies to all relationships within the fifth degree (a chart is included for reference) and other relationships mentioned above. This applies to staff and board members of the CWDB as well as the staff and board members of all CWDB service providers. The request should be made by faxing the attached Relationship Approval Form to the attention of the CWDB executive director, fax number 573-364-7130.

To facilitate the implementation of this policy, CWDB service providers are instructed to incorporate a question into their registration process asking prospective clients (other than those accessing Basic Career Services exclusively) if they have any relationship with the service provider's staff or board members or any of the staff or board members of the CWDB. If the client answers affirmatively, the form should be completed and submitted to the executive director as instructed in the previous paragraph.

#### Related Issues

When a covered individual is being served by another of the Central Region's service providers, the CWDB expects that the staff/board member with the relationship will maintain a "professional distance" with regards to the management of the participant's case. Professional workforce development services are available throughout the Central Region, and the agency providing the actual services should receive no interference from the related staff or board member.

Special care should be taken to ensure that in cases where special program services are provided to a covered individual by one service provider, the participant is transferred to the appropriate WIOA service provider upon completion of the special services if continued WIOA services are necessary.

## Table of Consanguinity

(Numbers Show Degree of Relationships)

				4 Great-Great Grand Parents
			3 Great Grand Parents	5 Great-Grand Uncles/Aunts
		2 Grandparents	4 Great Uncles/ Aunts	
	1 Parents	3 Uncles/ Aunts	5 First Cousins Once Removed	
<b>Employee Board Member and Spouses</b>	2 Brothers & Sisters	4 First Cousins		
1 Children	3 Nephews & Nieces	5 First Cousins Once Removed		
2 Grand Children	4 Grand Nephews/ Nieces			
3 Great- Grand Children	5 Great- Grand Nephews/			

Relationship Approval Form

Name of person seeking WIOA Services \_\_\_\_\_

Address of the above person \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Agency Proposing Service \_\_\_\_\_

Proposed Staff \_\_\_\_\_

Adult, Dislocated, or Youth (circle one) Expected Start Date \_\_\_\_\_ End \_\_\_\_\_

Name of Training Facility \_\_\_\_\_

Location of Training Facility \_\_\_\_\_

\_\_\_\_\_

Expected Cost of Training \_\_\_\_\_ Expected Support Payments \_\_\_\_\_

Other Costs (identify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credential or Degree Expected \_\_\_\_\_

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Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Your Fax Number \_\_\_\_\_

Fax to: The CWDB office 573-364-7130

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CWDB Executive Director Date