



## INDIVIDUAL TRAINING ACCOUNT PACKET

Thank you for your interest in pursuing training to increase your career opportunities. As you know, employers today require a well-trained skilled workforce.

Specialized training in a vocation field may help you find that job you've always dreamed of! The Individual Training Account process will provide you with the information you need to make a self-informed choice about your employment future and the training to support your decision.

To be able to enter vocational training or retraining programs, several steps are necessary. The goal of vocational training is to develop job specific skills that will lead to employment. This means that you must understand the training choices available to you, your suitability for a particular occupation, the job that you should be able to get with this training, the starting wages in this field, how long it will take you and how you will survive during this time of training.

**Career Choice:** It is important to research the career that you are interested in. It must be in an occupation that is in demand. In other words, there must be employment in that field at the end of your training. You will need to complete some labor market research to establish demand, prevailing wages and advancement opportunities for the occupation you're interested in pursuing. You will need to explain why you have selected this area of study and the particular training institution.

**School Choice:** It is important to research the schools and programs that lead to your career goal. Program completion and placement rates must be considered. You need to make an informed decision when you choose the school and program you wish to attend.

Requirements:

1. The vocational training program that you have selected must be on the Washington State Eligible Training Provider List. [www.careerbridge.wa.gov](http://www.careerbridge.wa.gov)
2. Prerequisite training to a vocational training program may be funded if it is required by the educational institution and ultimately leads to a credential in a demand occupation.
3. You must have been accepted into the vocational training program before funding can be awarded.
4. You must be able to fulfill the attendance requirements as defined by the training institution.
5. You must be eligible and registered with WIOA I-B Program. You will be expected to fulfill customer responsibilities as outlined on the attached training agreement.

Training Agreement Checklist

- ITA Packet Cover Letter
- Signed ITA Customer Agreement
- Signed Classroom Training Financial Agreement
- Occupational Research (Labor Market)
- Personal Resource Worksheet
- Pell Grant or other Financial Aid Documentation
- Individual Participant Plan (IPP) with training needs
- Tool Agreement (if applicable)
- Resource Training Map

Pre-Training Review

- Yes No On Eligible Training Provider List
- Yes No Has applied for Pell and/or other financial aid
- Yes No Demand Occupation; If no, explain: \_\_\_\_\_
- Yes No Adequate Resources available for participant to successfully complete training
- Yes No Suitability, attendance, timeliness
- Yes No Meets pre-requisites for training

Other Comments:

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Approve: Yes No

If no, other recommendations:

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## ITA CUSTOMER AGREEMENT

**Effective Date:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Training Provider:** \_\_\_\_\_

**Agreement Between:**      **Customer**      \_\_\_\_\_

**Case Manager**      \_\_\_\_\_

**I have read and agree to the following statements:**

1. **ITA Agreement:** I have received a copy of my agreement from my Case Manager. I understand that the Workforce Innovation and Opportunity Act (WIOA) will only pay for the expenses according to conditions set forth in my IPP and that training services are not entitlements and shall be provided to participants only on the basis of an individualized assessment of the person's job readiness, employment and training needs, financial, social, and supportive needs, labor market demand and potential for successful completion. I have the skills and qualifications to participate successfully in training *and* I am unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or I need training to obtain or retain employment leading to economic self-sufficiency.
2. **Consumer Choice:** I have been provided training services in a manner that maximizes informed consumer choice in selecting an eligible provider from the State's Eligible Training Provider List (ETPL). I have selected the above Training Provider after career planning and consultation with my case manager, whether it is in the State or outside my local area or state, in accordance with local policies and procedures.
3. **Registration:** I understand that I am solely responsible for registering for the training classes paid by WIOA, and agree to register in a timely manner. I also understand that I must pay for late registration fees or penalties if this matter was caused by my error or delay.
4. **Books, Transportation, and Supplies:** I understand that WIOA will pay up to the amount listed on the voucher for books and related supplies, and that WIOA will not pay expenses above that amount without prior written approval. I understand that transportation assistance may include bus tokens, mileage allowance, gas vouchers or other travel assistance that is determined reasonable and necessary. I understand that any tools and equipment purchased with WIOA funds remain the property of WIOA, and that I may keep these items if I obtain full-time, training related employment. I agree to return any tools or equipment purchased on my behalf if I do not obtain full time, training related employment.
5. **Satisfactory Progress:** I agree to maintain satisfactory progress in my course of study by meeting the academic, attendance, conduct and other requirements established by the educational institution. I understand that failure to maintain satisfactory progress may result in cancellation of WIOA training funds. I understand there are Good Cause exceptions that may contribute to not meeting satisfactory progress and will not impact WIOA training funds.

6. **Withdraw:** If I plan to withdraw from class or school, I will first contact my Case Manager. I understand that if I withdraw from class, the WIOA may not provide funds to re-enroll in that class at a later date.
7. **Cancellation Policy:** I understand that if I attend a school with a cancellation policy that includes a fee for either a class I cancel or if I fail to show for a scheduled class, that I, and not WIOA, am responsible for the payment of the cancellation fee.
8. **Required Contact with Case Manager:** I agree to contact my Case Manager at a minimum, two times per quarter or semester and more frequently as circumstances require and agreed to by my case manager. I understand that if I am attending a school that operates on a quarter or semester system, I must meet with my Case Manager prior to registration for continued assistance from the program.
9. **Attendance:** I will make every effort to attend all classes scheduled and understand that I am solely responsible for my attendance. It has been explained to me that my attendance must be documented.
10. **Conduct:** I understand that by enrolling in the training organization listed above, I agree to adhere to that organization's policies regarding conduct. I also understand that failure to adhere to these policies will result in my dismissal from school and exit from WIOA.
11. **Additional Financial Aid:** I agree to notify my Case Manager as soon as possible if I receive financial aid that is in addition to the amounts listed on the voucher, and understand that this change may reduce the amount of WIOA Job Training funds available to me. I also understand that if I fail to inform my Case Manager of this change, it may result in either suspension from the WIOA program for one quarter or the semester, or cancellation of WIOA funded training.
12. **Job Placement:** I will make every effort to complete the training program and immediately seek, find, and maintain full time employment near or after the completion of training. I agree to provide a resume to my Case Manager and participate in job placement activities, such as job clubs, job search workshops, deemed necessary by my case manager to acquire employment.
13. **Follow-up Services After Job Placement**  
I agree to cooperate with follow-up from the WIOA program which is intended to track my employment and employment retention for a minimum of 12 months following my first day of employment. I understand that follow-up services may include: additional career planning and counseling services, contact with my employer for employment verification, information about work related services, referral to support services available in the community. I also understand that the intensity of these services will vary depending on my needs.
14. **Availability of Funds:** I have been informed that my training is contingent on the availability of funds provided by WIOA. In addition, WIOA training funds shall be limited to participants who are unable to obtain grant assistance from other sources to pay for their training or require assistance beyond what is available under grant assistance from other sources to pay for their training. WIOA funds are intended to supplement other sources of training grants.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## ITA CUSTOMER AGREEMENT RENEWAL

By signing below, I agree to continue my training agreement and adhere to the terms and conditions outline in the original customer agreement.

Extension             Revision

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

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

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

By signing below, I agree to continue my training agreement and adhere to the terms and conditions outline in the original customer agreement.

Extension             Revision

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

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

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

By signing below, I agree to continue my training agreement and adhere to the terms and conditions outline in the original customer agreement.

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Customer's Signature

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date