

POLICY AND PROCEDURE

Policy Name:	Individual Training Accounts (ITA)	Policy Number: 04-106
Effective Date:	April 4, 2003	
Revised Effective:	February 6, 2004	
New Revision:	August 6, 2004	

Purpose

The purpose of training is to provide eligible customers with the means to obtain the necessary training to become gainfully employed or re-employed. This procedure is intended to define and establish parameters for Individual Training Accounts (ITA) development and expenditures.

Reference

P.L.105-220 Workforce Investment Act (WIA)

Virginia Employment Commission (VEC) WIA Policy 00-8

Description:

A Workforce Investment Act (WIA) eligible registrant is enrolled in a training program if the Individual Employment Plan (IEP) supports that the training is necessary to transition the participant into the workforce. The training must support the stated purpose of WIA and be in accordance with the description of training as contained in the Act. Whenever feasible, training vendors will be requested to allow participants to receive credit for required courses in instances where equivalent courses have been completed and can be documented from other training institutions. Additionally, costs associated with CLEP Testing will be treated as a training cost if the testing relates to the curriculum of study.

Eligibility:

All recipients of training funds must be eligible based upon criteria established under the Act. WIA requires the coordination of training costs with funds available under other grant assistance {Section 134(d)(4)(B)}. ***WIA funding for training is limited to participants who are unable to obtain grant assistance from other sources, including PELL Grants, to pay the costs of their training or require assistance beyond that available under grant assistance from other sources, including PELL Grants, to pay the costs of such training.*** To avoid duplicate payment of costs when an individual is eligible for both WIA and other assistance, including a PELL Grant, case managers shall consider all available sources of funds, excluding loans in determining an individual's overall need for WIA funds. Individuals must maintain an active application status for PELL assistance.

The exact mix of funds shall be determined based on the availability of funding for either training costs or supportive services, with the goal of ensuring that the costs of the

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training program that the participant selects are fully paid and that necessary supportive services are available so that the training can be completed successfully. **The total school budget will be supplied by the vendor based upon a formula used by institutions that determine financial aid.** This total school budget is not inclusive of childcare assistance.

OCCUPATIONAL AREAS OF TRAINING:

The training provided by ITAs is for the sole purpose of facilitating transition into the workforce. All training should be for occupations that are in demand in the labor market. To assist in the approval of ITA requests, the Virginia Employment Commission provides a relevant database for identifying appropriate areas of training. All training must be supported by local labor market data that is furnished by the Virginia Employment Commission, Weldon Cooper Center or other appropriate source.

NOTE: Special training requests may be considered. Participants requesting training in areas that are not supported by local labor market data, but whose Individual Employment Plan supports pursuit of such training must meet one of the following conditions:

- (1) Training may be provided in other areas if the participant is planning to relocate to a geographic location where the occupation is in demand;
- (2) Training may be provided if documentation from an area employer is provided to support the need for trained personnel in a particular occupation; or
- (3) If a written commitment is provided by an employer to hire the individual upon completion of their training.

TRAINING SELECTION:

Training will be accessed via a Consumer Report System. The consumer report system contains information necessary for any customer of the Virginia Workforce System to choose a provider/program of training services. Such factors include, but are not limited to overall performance, industry skill standards, performance for significant customer groups which includes wage replacement rates for dislocated workers, performance of specific provider sites, current information on employment and wage trends and projections and duration of training programs.

The data base has direct access or links that easily identifies a variety of providers by region, types of training, provider credentials, costs, class schedules, success rates and feedback from previous customers, students and clients. These profiles detail information about the character of the institution and provide a wide variety of career education and training options.

LENGTH OF TRAINING:

Training length will vary according to the type of training and the requirements outlined in the vendor agreement.

INDIVIDUAL TRAINING ACCOUNT PROCEDURE:

Training provided to participants can only be provided by approved Training Vendors from the statewide Eligible Providers of Training Services as certified by the Virginia Workforce Council.

All training (with the exception of on-the-job training and customized training) must be secured utilizing the Individual Training Account (Attachment A). All ITAs will be submitted to the training facility financial aid office to obtain documentation of need and other grants that may be available.

COST LIMITATION:

The local WIB has determined the following guidelines for training:

\$4000 per participant may be paid within a twelve-month period, except as approved by the One-Stop Operator Consortium.

All WIA registrants will be made aware of any excess cost of training not covered by the program for which they will be liable.

ADMINISTRATION:

All requests for ITA funding must be supported in the participant's Individual Employment Plan (IEP). Contact with the participant is required and all participants are also required to have performance reviews completed on a quarterly/semester/module basis in accordance with the timeframes outlined on the IEP. ITA funding is authorized on a semester/quarterly/module basis. This necessitates that the participant maintains ongoing contact with his/her case manager and allows for discontinuation of funding for students who are not performing. Students are expected to maintain no less than a cumulative 2.0 grade point average for the year in order to continue to receive WIA funding.

WESTERN VIRGINIA WORKFORCE DEVELOPMENT BOARD
INDIVIDUAL TRAINING ACCOUNT (ITA)

PART A – TO BE COMPLETED BY THE COUNSELOR / CASE MANAGER

CLIENT NAME
NUMBER

STUDENT ID NUMBER / SOCIAL SECURITY

HOME ADDRESS

NAME OF SCHOOL CLIENT WILL ATTEND

CITY, STATE, ZIP

CURRICULUM

I, the undersigned, hereby authorize the exchange of information (e.g. financial aid information, semester grades/transcript) between the Virginia Employment Commission and the Financial Aid/Business offices of the above named school, regarding my financial status and/or that of my family for the purpose of determining my eligibility to receive financial aid at the named school.

CLIENT SIGNATURE

DATE

PART B – TO BE COMPLETED BY THE FINANCIAL AID/BUSINESS OFFICE

School Budget _____
Family Contribution _____
Gross Need _____
Total Awards _____
Net Remaining Need _____

	Fall	Spring	Summer		Fall	Spring	Summer
GRANTS				LOANS			
COMA	_____	_____	_____	GSL	_____	_____	_____
CSAP	_____	_____	_____	PLUS	_____	_____	_____
CWS	_____	_____	_____	UGSL	_____	_____	_____
LOCAL	_____	_____	_____	SCHOLARSHIP	_____	_____	_____
PELL	_____	_____	_____	OTHER	_____	_____	_____
PTAP	_____	_____	_____				
SEOG	_____	_____	_____				
VGAP	_____	_____	_____				

Financial Aid/Business Office Representative's Signature

Title

Date

PART C – TO BE COMPLETED BY THE COUNSELOR / CASE MANAGER

WIA FUNDING – The client in Part A is eligible through the WIA Title I Program for funding not to exceed the amounts listed below. Future funding is contingent upon the availability of funds and satisfactory progress made by the client in achieving his/her training objectives.

	FALL	SPRING	SUMMER
TUITION	_____	_____	_____
BOOKS	_____	_____	_____
FEES	_____	_____	_____

COUNSELOR / CASE MANAGER

TELEPHONE NUMBER

DATE

**WESTERN VIRGINIA WORKFORCE DEVELOPMENT BOARD
 INDIVIDUAL TRAINING ACCOUNT (ITA)**

PART A – TO BE COMPLETED BY THE COUNSELOR / CASE MANAGER

_____	_____
CLIENT NAME	STUDENT ID NUMBER / SOCIAL SECURITY NUMBER
_____	_____
HOME ADDRESS	NAME OF SCHOOL CLIENT WILL ATTEND
_____	_____
CITY, STATE, ZIP	CURRICULUM

I, the undersigned, hereby authorize the exchange of information (e.g. financial aid information, semester grades/transcript) between Goodwill Industries of the Valleys, Inc. and the Financial Aid/Business offices of the above named school, regarding my financial status and/or that of my family for the purpose of determining my eligibility to receive financial aid at the named school.

_____	_____
CLIENT SIGNATURE	DATE

PART B – TO BE COMPLETED BY THE FINANCIAL AID/BUSINESS OFFICE

School Budget _____
 Family Contribution _____
 Gross Need _____
 Total Awards _____
 Net Remaining Need _____

	Fall	Spring	Summer		Fall	Spring	Summer
GRANTS				LOANS			
COMA	_____	_____	_____	GSL	_____	_____	_____
CSAP	_____	_____	_____	PLUS	_____	_____	_____
CWS	_____	_____	_____	UGSL	_____	_____	_____
LOCAL	_____	_____	_____				
PELL	_____	_____	_____	SCHOLARSHIP	_____	_____	_____
PTAP	_____	_____	_____	OTHER	_____	_____	_____
SEOG	_____	_____	_____				
VGAP	_____	_____	_____				

_____	_____	_____
Financial Aid/Business Office Representative's Signature	Title	Date

PART C – TO BE COMPLETED BY THE COUNSELOR / CASE MANAGER

WIA FUNDING – The client in Part A is eligible through the WIA Title I Program for funding not to exceed the amounts listed below. Future funding is contingent upon the availability of funds and satisfactory progress made by the client in achieving his/her training objectives.

	FALL	SPRING	SUMMER
TUITION	_____	_____	_____
BOOKS	_____	_____	_____
FEES	_____	_____	_____

COUNSELOR / CASE MANAGER _____ TELEPHONE NUMBER _____ DATE _____