

Region 1 Individual Training Account (ITA) Guide

Participants who are eligible for Workforce Investment Act (WIA) funding assistance for training are issued an Individual Training Account (ITA). The WIA case manager will complete Section A noting the training choice approved for this participant. The participant will bring the ITA to the service provider. If accepted by the service provider for the approved training choice, the service provider will complete Section B and submit all copies of the ITA to the Region 1 Workforce Investment Board (WIB) at the address shown on the ITA for approval. When approved, the WIB will send a copy of the approved ITA along with an enrollment verification memo to the service provider. Once the service provider can verify the participant has begun training, the service provider will sign the enrollment verification memo and send back to the WIB which will initiate payments.

In completing the ITA, the following is a guide to help clarify some of the information requested.

- 1. Issue Date:** Date ITA has been issued. WIA will not pay for any costs prior to this date.
- 2. Expiration Date:** Participant has 90 days from the "Issue Date" to use this ITA. ITA must be completed and submitted for approval before this date.
- 3. Approved Training Choice(s):** Training programs the WIA case manager has approved for the participant. Those programs indicated are the **only** training programs approved for WIA funding.
- 4. Start Date:** Date participant begins approved training program.
- 5. Projected Completion Date:** Date you anticipate the participant to complete the approved training.
- 6. # Of Weeks:** Total number weeks of the program.
- 7. # Of Hours per Week:** Number of **classroom and clinical** (if applicable) hour's participant will be in training per week.
- 8. Program Title:** Program you are enrolling participant. This **must** be one of the approved choices shown in #3.
- 9. Credential Upon Completion:** Credential obtained upon completion of approved training program shown in #9.
- 10. Prerequisite Met:** Participant must have completed **all** prerequisite courses before receiving WIA funding.
- 11. Child Care:** Leave blank. This will be completed by the WIB if participant is eligible to receive child care assistance. Participants are referred to MountainHeart by WIA case manager for eligibility.

Boxes (1), (2) and (3): Costs reported only from July 1 to June 30 of current year.

- 12. Tuition:** Projected costs from **WIA** start date to June 30.
- 13. Other (List):** List any **required** supplies, license fees, uniforms, etc.
- 14. Subtotal Other:** Cost of items listed on #13
- 15. Less: PELL, SEOG, ETC.:** Total of all other funding (such as scholarships, grants, DHHR, Rehab in addition to those previously listed) which the participant does not have to pay back.
- 16. Total Tuition / Fees/ Etc.:** Amount you are requesting WIA to pay during this period.
- 17. Support Payment:** This is a stipend paid directly to participants which requires time sheets to be submitted by service provider. The amount per week depends on actual in the **classroom/clinical hours**. Refer to the scale as to the amount eligible to receive.

Upon completion, please sign and mail to Region 1 Workforce Investment Board at the address shown.