

Region 4 Workforce Board  
Individual Training Accounts Policy-Adult

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**PURPOSE:** To provide WOIA Region 4 guidance regarding the use of Individual Training Accounts.

**REFERENCES** WIOA §134(c)(3), DWD Interim guidance on the Delivery of WIOA Title 1 Adult and DW services and the Impact on Participation and Exit Dates

**CONTENT:** Individual Training Account (ITA) oversight responsibilities include the following three areas:

1. Compliance with applicable state and federal laws and regulations
2. Compliance with Local area plan

**I. Individual Training Accounts for Workforce Innovation and Opportunity Act (WIOA)**

WIOA Title I Participant. Individual may only enter training when:

- After an interview, evaluation or assessment and career planning has been determined by a one-stop operator or one-stop partner to –
  - Be unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from a previous employment through Career Services without training (does not have to receive Career Services prior to training);
  - Have the skills and qualifications to successfully participate in the selected program of training services
- Selects a program of training services from the **Eligible Training Provider List** that is directly linked to employment opportunities and be on the Occupations and Demand List in the local area, planning region, or in another area to which he/she is willing to commute or relocate;
- Is unable to obtain other grant assistance for training, including Federal Pell Grants or who requires additional assistance beyond the assistance made available under other grants; and
- Is determined to be eligible in accordance with the priority system in effect.

WIOA funding for training is limited to participants who:

- are unable to obtain grant assistance from other sources to pay training costs; or
- require assistance beyond that available under grant assistance from other sources to pay training costs and related support services.

Service providers must coordinate funds available to pay for training and must consider the

availability of other grant assistance to pay for training costs, such as TANF, state- funded training funds, and federal Pell Grants, so that WIOA funds supplement other sources of training grants.

A WIOA participant may enroll in WIOA-funded training while the participant's application for a Pell Grant is pending, as long as the Service Provider has made arrangements with the training provider and the WIOA participant regarding allocation of the Pell Grant. If the Pell Grant is subsequently awarded, the training provider must reimburse the Board (Service Provider) the WIOA funds used to underwrite the training for the amount the Pell Grant covers. Reimbursement is not required from the portion of Pell Grant assistance disbursed to the WIOA participant for education-related expenses, which includes support services.

Service Providers must ensure that WIOA funds are not used to pay training costs:

- for any portion or term of training for which the participant has signed a loan as part of financial aid; or
- that were paid by the participant (or other source) prior to WIOA program registration.

ITAs are authorized for use in providing occupational training services to adult and dislocated worker customers and shall conform to the following requirements:

Before receiving training services under WIOA:

- eligibility determination for specific services is required; and
- a determination of need must be made using an Individual Employment Plan
- case notes must contain a determination of need for training services, as determined through the employment plan. (can be IEP imbedded in case note)

#### Eligibility for Training Services

Training services may be made available to employed and unemployed adults and dislocated workers who:

- Work with a team member to develop an Individual Employment Plan (IEP)  
Participate in a work readiness workshop in a group or individual setting.
- Participate in a financial aid or budgeting workshop, an e-learning session, or one-on-one review.

#### TABE

Customers who intend to enter post-secondary institutions that require an entrance/placement exam should not be referred to the institution until their scores on the on TABE are high enough to indicate reasonable success in entering post-secondary credit or non-credit bearing courses.

A TABE Locator will be administered prior to administering the TABE Complete Survey. Based on the results of the Locator, the customer must be assessed with the appropriate level of TABE (Easy [E], Medium [M], Difficult [D], or Advanced [A])

- In most cases, a customer's score should be 11-12.9 before such a referral; however, the Case Manager should be allowed the discretion to decide whether an individual is ready to sit for the entrance exam. If the customer is not ready to sit for the exam,

the individual should be referred to an Adult Education provider for remediation.  
(Post Referral to ABE in TrackOne)

- If the customer takes an entrance/placement exam and does not score high enough to enter credit bearing courses (i.e., must take developmental courses) the individual should be referred to an Adult Education provider for TABE remediation.
- **ABE Career Pathway certifications have a separate set of TABE requirements, usually requiring a 9.0 or higher score.**

A. An ITA will only be issued for training that will result in a recognized certificate or degree. In addition:

- The DWD Drug Screening policy must be followed. (WIOA T1 (181)-P1)
- All recipients of an ITA submit a FAFSA form and utilize any Pell Grants received prior to utilizing an ITA
- If it is being used for a post-secondary institution's credit-bearing courses, an ITA may only be used for non-developmental courses.
  - An ITA should not be used to pay for remedial or developmental courses at a post-secondary institution.
  - Customers who must take remedial or developmental courses prior to entering a post-secondary institution should be referred to Adult Education for remediation.
- ITA funding amounts may vary from customer to customer based upon the needs of the customer; however, the maximum ITA *tuition* amounts for one year should not exceed **\$4500**. Tuition includes the cost of all credit hours and other associated fees such as, certification, licensing, technology fees, exam fees, registration fees, and/or other educational fees/materials.

Exceptions to this maximum should be infrequent. Exceptions must be approved by the designee of the Region 4 Workforce Board (R4WB). The reasoning and the exception should be noted in the customer's case notes.

All other expenses related to training, including but not limited to the following: books, fees, supplies, tools, uniforms and shoes, transportation, etc., may be paid through supportive services. The cost of books is considered a supportive service, unless the training provider includes all costs under a flat rate. The combined amount for supportive services and training costs shall not exceed **\$5,500** per year.

- ITAs should be utilized to access the most cost-effective training program available in the local area.
- ITAs may not be used for payment of late fees, fines, or penalties caused by customer error
- Supportive service funding in addition to tuition is acceptable. R4WDB's Participant Payment policy provides further information on the use of supportive services and defines maximum allowable amounts and exceptions.
- Priority of Service will be implemented as defined by the Board and described in R4WDB Eligibility policy.

- Use and documentation of the Occupations in Demand list and IN Training, DWD's Eligible Training Provider List website is required. The In-Demand occupation list will be updated at least annually by R4WDB designee.
  - Exceptions to the locally recognized Demand & Growth Occupation list will require R4WDB (or designee) approval.
- B.** Training programs must be within a reasonable commute of the local area.
  - Training programs that are outside Region 4 or beyond a reasonable commuting distance must be approved by the R4WDB (or designee) on a case-by case basis.
- D.** Duration of an ITA is dependent upon the customer's goals, resources & available training.
  - The R4WDB will support individuals pursuing a 2-year or less certification or degree program geared toward an occupation in demand with one of the Eligible Training Providers.
  - The R4WDB will fund the first 2-years of a 4-year program if that program results in an associate degree after the first 2 years.
  - The R4WDB will fund the last 2 years of a 4-year program if that program results in a completion of a bachelor's degree.
  - WIOA funds will not be utilized to fund Associate's or Bachelor's Degrees in General Studies. [TAB 2005-004]
- E.** Continuing Education and other similar courses/ recognized certificate or degree may be allowed if the following conditions apply:
  - The customer must have a specific occupational goal on the occupations in demand list
  - The customer has a work history or educational background, which relates to the occupational goal.
  - The customer must present evidence as to how the proposed training will increase their employment marketability.
  - The conditions must be documented in the customer's IEP.
  - These courses subject to R4WDB designee approval. Once a course type is approved it can be considered approved from that point forward, unless stated otherwise.
- F.** ITA approval is done by the Service Provider designee.
- G.** Budget and Debt
  - Customers shall not be required to apply for or access student loans or incur personal debt as a condition of participation
  - A clear understanding of personal debt will be communicated through a financial aid or budgeting workshop, an e-learning session or one-on-one review.
  - Counseling of financial obligations/responsibility and training budgeting must be acknowledged in the participant's record by a simple statement that it was jointly conducted with the customer and team member.
  - The participant may incur personal debt when agreed to and after counseling regarding the responsibilities associate with the indebtedness, including loan

repayment. It is the intent of this policy to preserve the element of choice in a WIOA customer's selection of a training provider. The customer may choose to pay for the non-WIOA funded portion of his/her training through grant/aid/loan resources available through a proprietary education institution or through his/her own resources.

Service Providers must have a process in place to ensure payment will not be made to training vendors when the participant has withdrawn or dropped classes in accordance with the training vendor's non-payment policy.

**H.** R4WDB (or designee) reserves the right of final interpretation for exceptions and questions arising from, or not covered, by this policy

Effective date: July 1, 2015

## Demand and Growth Occupations 2016

Accountant and Auditors
Architectural and Engineering Managers
Assemblers & Fabricators
Automotive Service Technician/Mechanic
Bookkeeping, Accounting, and Auditing Clerks
Bus and Truck Mechanics and Diesel Engine Specialists
Carpenters
<b>Child Care Workers (except Private Household)</b>
Clinical Laboratory Technologist
Commercial/Industrial Truck Drivers/Operators
Computer and Information Systems Manager
Computer Numerically Controlled Operator (CNC)
Computer Software Developers
Computer Systems Analyst
<b>Construction Laborers</b>
Construction Manager
Correctional Officer
Counselor
Customer Service Representative
Dental Assistant
Dental Hygienist
Education Administrator
Educational, Vocational, and School Counselors
Electrical and Electronic Engineering Technicians
Electrician
Electronics Engineers, Except Computer
Elementary, Middle School and Secondary School Teacher
<b>Emergency Paramedic, EMT</b>
Executive Secretaries and Administrative Assistants
First-line Supervisors/Managers of Construction Trades & Extration Workers
First-line Supervisors/Managers of Mechanics, Installers, & Repairers
First-line Supervisors/Managers of Office and Administrative Support Workers
First-line Supervisors/Managers of Production & Operating Workers
First-line Supervisors/Managers of Retail Sales Workers
First-line Supervisors/Managers of Transportation & Material-moving machine and vehicle operators
General and Operations Manager
General Office Occupations
<b>Heating, Air Conditioning, and Refrigeration Mechanics and Installers</b>
Industrial Engineers
Industrial Production Manager
Industrial Machinery Repairers/Maintenance
Industrial Truck and Tractor Operators
Inspectors, Testers, Sorters, Samplers, and Weighers
Licensed Practical Nurse (LPN)
Machinist
Maintenance and Repair Workers

Management Analyst
Manufacturing Production Technician
Material Moving Worker
Mechanical Engineers
Medical and Clinical Laboratory Technologist
Medical and Health Services Manager
Medical Assistant
Medical Record and Health Information Technician
Multiple Machine Tool Setters, Operators, and Tenders, Metal and Plastic
Network and Computer Systems Administrator
Nursing Assistant
Occupational Therapists
Pharmacist
Pharmacy technicians
Plumbers, Pipefitters and Steamfitters
Police and Sheriff's Patrol Officers
Postsecondary Teachers
Precision Electrical & Electronic Equipment Assemblers
Precision Metal Workers
Production Workers
Radiological Technologist
Registered Nurse (RN)
Respiratory, Occupational, Physical Therapist
Sales Representatives
Security Guards
Shipping, Receiving, and Traffic Clerks
Social Workers
Special Education School Teacher
Surgical Technologist
Team Assemblers
Tool & Die Makers
Truck Drivers, Heavy and Tractor-Trailer
Veterinarians
Welders, Cutters, Solderers, and Brazers

**LETTER OF CERTIFICATION Part I**

**TO: FINANCIAL AID OFFICE/REGISTRAR/BURSAR**

**TRAINING INSTITUTION:**

**SECTION A CLIENT INFORMATION**

<b>NAME</b>	<b>Social Security Number</b>	<b>I, the undersigned hereby Authorize the exchange of Information between JobWorks And Financial Aid Administrator at the named School regarding my financial Aid at school. I also understand JobWorks and the FAA May discuss aspects of my case As it pertains to my Particular situation and my Application for financial aid.</b>
<b>Name of School Client plans to attend</b>	<b>No. of credit hours student plans to take per quarter or semester</b>	
<b>Student's program or major study area</b>	<b>Period of enrollment</b>	
	Beginning: _____ Ending: _____	
<b>Case Manager's Name &amp; Phone Number</b>  Stacey Carvey-Schoenhals 765-472-3562 Fax – 765-473-8654	<b>Student's Signature:</b>	<b>Date</b>

**Section B: To be completed by Registrar Bursar Financial Aid Officer prior to the Certification for approval of funding:**

School	Budget		Financial (Check Source)	Resources appropriate Column(s)		Unmet Amount	Needs Enter specific Purpose For which Aid must Be used, If any. Student has unmet Need of:
	Amount	Amount		Actual	Estimated		
Tuition fee	\$	Room & board	\$	Pell Grant		\$	
Books/Supplies	\$	Personal Exp.	\$	State Aid		\$	
Parking Fee	\$	Transportation	\$	Other (specify)		\$	
Divisional Fee	\$	Other	\$			\$	
Lab Fee	\$					\$	
Technology fee	\$						
		Subtotal	\$				
Subtotal	\$	Total Amount	\$				

<b>Student</b>	<b>Student will be attending</b>	<b>Date period of aid can be used (Semester):</b>
Is a commuter	Full-time	Beginning: _____ Ending: _____
Resides on campus	¾ time	Signature of Financial Officer: _____
Is a dependent	½ time	
Is self-supporting	Less than ½ time	Date: _____

Please return form via mail or fax (765) 473-8654

**JobWorks**  
 14 S. Wabash St.  
 Peru, IN. 46970



**Community Action Program, Inc.  
Training Funds Authorization Agreement**

<b>Student Name:</b>		<b>SSN: XXXXX</b>	
<b>Training Institution:</b>		<b>Program of Study:</b>	<b># Credit Hrs:</b>
<b>Semester dates: Begin (MM/DD/YY)    /    /                      End (MM/DD/YY)    /    /</b>			
<b>County :            Tippecanoe</b>		<b>Enrolled CAP Programs: OSY</b>	
School Expenses		Financial Resources	
<b>Tuition/Fees</b>	\$	<b>Student/Loans</b>	\$
<b>Books / Supplies</b>	\$	<b>Pell Grant</b>	\$
<b>Uniforms</b>	\$	<b>Higher Ed</b>	\$
<b>Transportation</b>	\$	<b>SEOG</b>	\$
<b>Child Care</b>	\$	<b>TAA</b>	\$
	\$	<b>CAP Costs</b>	\$
	\$	<b>Other (specify):</b>	\$
<b>Total Expenses</b>	\$	<b>Total Resources</b>	\$
<b>Authorization Amount:</b>	<b>Source of Payment:</b>	<b>Distributed to:</b>	<b>For purpose of:</b>
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			

Authorization is for the amounts specified above. If there is a discrepancy in the amounts above, please contact Community Action Program to verify the payment authorization amount.

**Please Sign and Return to:**  
**Community Action Program**  
**Box 188, Covington, IN 47932**  
**Phone : 765-793-4881 or Fax: 765-793-4884**

**THE STUDENT AGREES:**

To provide all necessary information to the school to complete financial aid applications and forms;

To authorize the release of any financial and/or academic records information from the school to CAP, Inc. for the purposes of determining financial aid eligibility (including but not limited to transcripts, grade reports, test scores, registration information, financial aid applications, student aid reports and financial account status);

To authorize the school to refund to CAP, Inc. the proceeds from my financial aid up to the amount which they have paid on my behalf in the event that my actual financial aid award exceeds the amount anticipated;

To repay CAP, Inc. for those advances made on my behalf against my financial aid disbursement as specified in Repayment Agreement (form 111).

**COMMUNITY ACTION PROGRAM, INC. AGREES:**

To pay no more than the catalog price for fees and tuition for the instruction and materials authorized on the reverse of this document for the time period indicated and upon presentation of a properly executed invoice.

**THE SCHOOL AGREES:**

To provide CAP, Inc. information regarding the amounts and disposition of any financial aid (including, but not limited to Higher Education Act Title IV funds) received by the Student for the period identified;

To apply financial aid funds in the manner stipulated on the reverse of this document.

**OFFICAL SIGNATURES:**

Student Signature:	Date
Printed Name:	
CAP, Inc. Signature:	Date
Printed Name / Title: <b>Robert M. Taylor, Associate Executive Director</b>	
School Official Signature:	Date
Printed Name / Title:	

School: Please sign and return TFAA to the above address.