



Policy Letter #8

TO: All Mid-Carolina Workforce Development Board Service Providers
FROM: Mid-Carolina Workforce Development Staff
SUBJECT: Individual Training Accounts (ITA) Policy

BACKGROUND

The purpose of this policy is to provide guidelines to Mid-Carolina Workforce Development Board Service Providers with respect to the provision of Individual Training Accounts (ITAs) for WIOA eligible participants.

The following provides information on the minimum requirements for the provision of services. Service Providers may include additional elements in their local procedures, as long as they are in conformance with this policy, WIOA, DOL Regulations, and State of North Carolina Directives.

ACTION

Training services may be made available to employed and unemployed customers who have received career services and at a minimum receive either an interview, evaluation, or assessment, and career planning or any other method through which the WIOA Subrecipient can obtain enough information to make an eligibility determination; and it is determined that the individual is unlikely or unable to obtain or retain employment that leads to self-sufficiency or wages comparable to or higher than wages from previous employment without training.

In consultation with a Career Advisor, the participant will review the statewide list of eligible training providers to determine available training options. The training provider's requirements for enrollment, performance outcomes, and cost for the training course selected will be discussed with the participant. It will be the customer's responsibility to identify and select a training provider from the State list of eligible providers approved by the Mid-Carolina Workforce Development Board. The Career Advisor will ensure training yields a WIOA recognized credential.

An Individual Training Account (ITA) is a payment agreement established on behalf of a participant with an eligible training provider. The ITA is for tuition and training-related costs noted as mandatory on a course description and/or class syllabus. Training-related costs includes, books, and fees *required* to complete the training program. Additional items needed by the participant to complete the course of study may also be provided, but they must be classified as a supportive service and the participant's financial need for such items must be documented through a case note in NCWorks Online. Update is recorded in time period for using.

PARTICIPANT ELIGIBILITY

To be eligible to receive an ITA, the participant must:

1. Be enrolled and in good standing with the WIOA Title I Adult, Dislocated Worker, or Youth program; and
2. Be assessed by a WIOA Service Provider staff member and be determined to need training to secure or retain employment; and
3. In consultation with a WIOA Service Provider staff member, select an approved eligible training provider that is listed on the State of North Carolina's Eligible Training Provider List (ETPL) and

- has been certified for the Mid-Carolina Local Area; and
4. Have an IEP/ISS in the participant file showing the need for an ITA and confirmation that completion of the training is likely to lead to employment; and
 5. If the participant is an eligible Youth, assure that the training:
 - a. Is outcome orientated and focused on an occupation goal specified in the ISS;
 - b. Be of sufficient duration to impart the skills needed to meet the occupational goal; and
 - c. Results in the attainment of a recognized post-secondary credential.

Time Period For Using The Voucher

When an ITA voucher is created, it must be issued to the training provider used within 30 days. If the participant does not enroll in training within the time period, a new voucher for services must be issued. A case note explaining the reason for the additional voucher should be entered into NCWorks Online.

A participant will be allowed two years to obtain their credential; however, this could be longer depending on the number of developmental courses needed by the participant. No more than 12 credit hours of remedial classes will be approved.

Payments

Payments will be made directly to the training provider. Payments may also be made incrementally, through payment of a portion of the costs at different points in the training course.

Requirements/Limitations

- A. The individual dollar amount of each ITA varies based upon participants' needs, but the aggregate total cost shall not exceed the lifetime CAP of \$8,000 per participant. To track the total participant costs, career advisors will need to case note in the NCWorks Online system each ITA issued and the aggregate participation-to-date costs.
- B. ITAs are normally issued for providers that appear on the North Carolina's ETPL. If it can be justified to utilize a training provider in another state, the provider must be listed on the ETPL of its home state, and documentation of this listing must be included in the participant case file. This justification must be approved by the Mid-Carolina Workforce Development Board Executive Director prior to ITA being initiated and documented by a supporting case note.
- C. The Service Provider shall develop and implement an Individual Training Account process that reflects local area policy/procedure, including any additional restrictions beyond those outlined in this policy statement.
- D. It is the responsibility of the WIOA Service Provider to appropriately monitor a participant's progress in occupational classroom training (at least once each calendar month) and assure timely collection of tuition refunds (as outlined in the training vendor's refund policy) when the participant is unable/unwilling to complete the training program.

Monitoring

The Mid-Carolina Workforce Development Board may review a sample of charges included in an ITA during on-site and desk reviews to ensure compliance with this policy. Any costs that the Mid-Carolina Workforce Development Board determines should not have been included as part of the ITA may be questioned, and Service Providers will have an option to transfer the charges to the Supportive Service cost category or pay for them with non-WIOA funding.

REFERENCES

Federal Register §680.230
TEGL 19-16: WIOA - Adult, Dislocated Workers, ES

ATTACHMENT

Attachment A: Financial Award Analysis

Attachment B: Training Authorization Voucher/ITA Certification

CREATION DATE

July 2022

REVISION DATE

January 2024

December 2024

June 2025

EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION WIOA – Adult, Dislocated Worker, ES
	CORRESPONDENCE SYMBOL OWI
	DATE March 1, 2017

ADVISORY: TRAINING AND EMPLOYMENT GUIDANCE LETTER WIOA NO. 19-16
OPERATING GUIDANCE for the WORKFORCE INNOVATION AND
OPPORTUNITY ACT

TO: STATE WORKFORCE AGENCIES
STATE WORKFORCE ADMINISTRATORS
STATE WORKFORCE LIAISONS
STATE AND LOCAL WORKFORCE BOARD CHAIRS AND DIRECTORS
LABOR COMMISSIONERS
AMERICAN JOB CENTERS

FROM: BYRON ZUIDEMA
Deputy Assistant Secretary

SUBJECT: Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules

- 1. Purpose.** To provide guidance to the workforce system on delivering services under the Adult and Dislocated Worker programs under WIOA Title I, and individuals served by the ES program, as amended by WIOA Title III, under the WIOA Final Rule.

WIOA, signed into law on July 22, 2014, supersedes titles I and II of the Workforce Investment Act of 1998 (WIA) and amends the Wagner-Peyser Act of 1933 and the Rehabilitation Act of 1973. In general, WIOA took effect on July 1, 2015, the first full program year after enactment, unless otherwise noted. On August 19, 2016, the Departments of Labor (DOL) and Education published the WIOA Final Rules in the Federal Register. The DOL-only rule became fully effective on October 18, 2016, 60 days after it was published on the Federal Register.

In order to continue implementation of WIOA prior to publication of the final rule, DOL issued a Training and Employment Guidance Letter (TEGL) 3-15, on July 1, 2015, which provided guidance to the public workforce system on delivering services to adults and dislocated workers under WIOA. This TEGL rescinds TEGL 3-15, and provides updated guidance to the public workforce system on service delivery to adults and dislocated workers, consistent with WIOA and the WIOA Final Rules. The section of the final rule pertaining to services for adults and dislocated workers under WIOA title I can be found at 20 CFR part

RESCISSIONS TEGL 3-15	EXPIRATION DATE Continuing
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680. The sections of the final rule pertaining to individuals served under the Wagner-Peyser Act programs, as revised, can be found at 20 CFR parts 651, 652, 653 and 658.

2. **References.** See Attachment I.

3. **Background.** WIOA provides for a workforce system that is accessible to all job seekers, customer centered, and training that is job-driven. The workforce system delivers career and training services at the nation’s nearly 2,500 American Job Centers. The Adult, Dislocated Worker, and ES programs provide training and employment services in the American Job Center network, and are required partners under the law. Under WIOA, partner programs and entities that are jointly responsible for workforce and economic development, educational, and other human resource programs, collaborate to create a seamless customer-focused American Job Center network that integrates service delivery across all programs to make it easier for workers to access the services they need to obtain skills and employment.

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4. **Career Services.** WIOA authorizes career services for adults and dislocated workers. There are three types of career services: basic career services, individualized career services, and follow-up services. The provision of individualized career services must be based on the employment needs of the individual as determined jointly by the individual and the career planner (case manager), and may be identified through an individual employment plan (IEP). Although WIOA distinguishes levels of service, this distinction is not intended to imply that there is a sequence of services. These services can be provided in any order. Career services



Financial Award Analysis Form

Training Provider: _____

Workforce Innovation and Opportunity Act (WIOA) Participant:	State ID:	Telephone #:
Training Start Date:	Estimated Training End Date:	
Name(s)/Type(s) of Training:	No. of Semesters/Quarters:	
Training Provider Contact Person:	Telephone #:	Fax #:

Training and Education-Related Expenses Cost of Attendance	Fund Assignments (#1-4 Under Funding Sources)	Costs Per Semester or Quarter	Number of Semesters or Quarters	Total Cost of Training Services
Application/Registration				
Tuition				
Books/Supplies				
Shop/Clinic/Lab Fees/Uniforms				
Physicals				
Licenses/Permits				
Parking Fees				
Student Activity Fees				
Transportation				
Child Care Cost				
Other Required Cost _____				
Other Required Cost _____				
Total Projected Cost of Training				

Available Funding Sources (Documentation must be attached)	Aid Per Semester or Quarter	Number of Semesters or Quarters	Total Available Resources
Federal Pell Grant (Attach student aid report, etc.)			
Scholarships/Grants/Other Financial Aid (Attach applicable award/denial letters.)			
Other Sources (Specify) _____			
Vocational Rehabilitation/Social Services			
Total Non-WIOA Available Resources			
Needed/Requested WIOA Training Resources			
Additional Resources Needed (Normally this should be a zero balance.)			

I, _____, authorize and consent to the release and exchange of confidential information to the WIOA Service Provider and the Training Provider.

Signatures:

_____	_____	_____	_____
Participant Signature	Date	Service Provider Signature	Date
_____	_____		
Training Provider Signature	Date		



Training Authorization Voucher/ITA Certification

Participant Name: _____ State ID: _____

Voucher Information: _____

Program: AD DW ISY OSY Special Grant

Approved Training: _____ Expected Completion Date: _____

Semester: Spring Summer Fall Other: _____

Applied for Pell? Yes No N/A

Service Provider: _____ Training Provider: _____

Address: _____ Address: _____

Contact Person: _____ Contact Person: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

APPROVED ITEMS: Fill in the approved amount for each item. This is authorization to incur up to each line approved amount with applicable/sufficient documentation of cost. Payments will be based on actual up to maximum individual amounts specified.

Approved Services (Please fill in the approved amount for each service.)			
Application/Registration		Fees	
Tuition		Other (Specify) _____	
Books (Required Only)			Total

This Voucher Certification is approved and issued by: _____

Staff Printed Name

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Redemption of Voucher

The above-named individual has been determined eligible and is being referred for training services. If applicable, WIOA and the training provider will ensure that the eligible participants apply for federal grants (including Pell Grant) and ensure that double billing for identical training services does not occur for those recipients who receive federal financial aid.

The WIOA contactor is responsible for payment.

To redeem: The training provider **MUST** return this voucher along with sufficient documentation to support the amount of money being requested for services rendered to the WIOA customer. **ITA Vouchers are only good for the program year in which they were authorized; all vouchers expire June 30th of each year if not submitted for payment. No payments will be made if a voucher is submitted after June 30th.**

The training provider must return a copy of this voucher to the authorized agency _____ (service provider name) along with an invoice and sufficient documentation to support the amount being requested for services rendered to the participant. (Invoices received without an attached voucher will not be processed for payment.)

Application/Registration		Fees	
Tuition		Other (specify)	
Books (required only)			Total

Total Cost → \$ _____ ← Total Cost

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____

