



## DEKALB WORKFORCE INDIVIDUAL TRAINING ACCOUNT APPLICATION

Individual Training Accounts (ITA) are available for customers who can justify the need for training in order to become employed or reemployed and are eligible to receive training funded under the Workforce Investment Act (WIA). ITA's are requested by the job-seeker customer and approved by the DeKalb Workforce Center ITA Review Committee. The requested training must:

- Lead to an occupation in demand
- Be completed within the 24-month time limit established by DeKalb Workforce Development Board
- Appear on the Georgia Eligible Provider List (EPL)
- Lead to industry, state, or locally recognized certification

Training accounts provide valuable benefits to you, including:

- An opportunity for you to research the local job market in your requested occupation
- An opportunity to make an informed choice of training providers
- Assistance with paying tuition and fees for approved accounts
- Intensive job search and job placement services after completion of training
- Opportunities for follow-up and Income Enhancement activities

To apply for an Individual Training Account, you must:

- Complete the attached ***Individual Training Account Application***
- Have your eligibility determined by a Resource Specialist ***at least 3 weeks before the first day of training*** for programs already on *the Statewide Training Program/Provider List* Submit the completed application at that time.  
***NOTE:*** if the requested training is not on this list, more time will be necessary to review the training vendor for approval
- Apply for PELL funding and provide a copy of your Student Aid Report with your application (if applicable), and re-apply yearly for PELL if in multi-year program.  
***NOTE:*** Grant funds will be used to offset WIA funding
- If you were recently laid off from work, immediately re-apply for PELL if it was denied
- Provide a WRITTEN STATEMENT about how you plan to pay for any costs that exceed those covered by an approved WIA ITA (\$5,000 maximum) and other financial aid.

The DeKalb Resource Center ITA Review Committee reviews completed ITA applications. Account approval is based on information as presented in the application plus additional information gathered during your employment planning sessions. You will receive notification of approval or denial from Career Consultant. Payments are made directly to the training vendor. Total payments will not exceed the approved ITA amount.

**Note: WIA funds are not entitlement funds**

## **INDIVIDUAL TRAINING ACCOUNT APPLICATION INSTRUCTIONS**

This application format has been prepared to help you collect all the data you will need to make an informed decision about the occupation and the training organization you choose. Please read through these instructions before you begin.

### **Section A- Customer Information**

Complete the **Customer Information** section at the top of Page 1 with your personal data. When you meet with your Career Consultant, add their name and phone number.

The stability of the industry, the employment outlook, and pay ranges are important to the decision you make. In the Labor Market Research Summary (Section A), use information that directly relates to the geographic region in which you will look for work. Attach copies of classified ads that support your application. Use ads showing positions you will be qualified for after you complete the requested training. Occupational demand is essential for account approval.

### **Section B – Career Research Form**

Visit 3 training institutions and speak with their admissions staff. Complete the **Career Research Form**. (Section B) The school representative can provide you with the most recent course descriptions and schedules. If you are applying for a degree program, be sure to include a schedule planning chart. Attach a transcript showing any courses for which you have already received credit. Consult with training institution staff of the Financial Aid Office to get complete and accurate cost information.

### **Section C- Costs of Training**

Please be sure to attach a school catalog or brochure to confirm costs. Attach a financial aid confirmation page to your ITA packet. [www.fafsa.ed.gov](http://www.fafsa.ed.gov) , [www.dtae.org/hope.html](http://www.dtae.org/hope.html) If the total cost exceeds the allowable financial aid available (counting WIA funds); include a response to indicate your plan for paying the outstanding balance.

\* **Note:** It is NOT the practice of DeKalb Workforce to approve training that requires a customer to go into debt if there is a less expensive, appropriate alternative. Also, customers in default of student loans can be asked to have their default status lifted before additional government funds (i.e. WIA) are approved.

### **Section D – Employer Contact**

The ability of the training to prepare you for work is critical to *your success*. Contact two employers and share the information on Pages 2 and 3, along with any knowledge/experience you now have. Through conversation with these employers, record the employers' responses to the questions on pages 4 and 5. If you would like to speak to more than two employers, you may photocopy Page 4.



***DeKalbWorks!***  
**Comprehensive One-Stop Center**

320 Church Street  
Decatur, Georgia 30030  
Phone (404) 687-3400  
Fax (404) 371-2294

**INDIVIDUAL TRAINING ACCOUNT APPLICATION**

All persons must attend WIA Orientation prior to submission of training application. Call (404) 687-3400 to attend. You may download and complete application and bring it with you to the WIA Orientation session. Completed application must be submitted to Career Consultant three weeks prior to the training start date.

***Section A. CUSTOMER INFORMATION***

**CUSTOMER INFORMATION**

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Career Consultant \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

***DESIRED JOB TITLE (S)*** \_\_\_\_\_

A. What was your highest interest area according to Onet interest area results?

B. Is your career choice associated with this interest?

***SKILLS REQUIRED FOR THIS JOB***

***DESIRED WORK SETTING*** (example: office/hospital/local or long distance truck driving)

***EMPLOYMENT OUTLOOK IN DESIRED LOCATION***

***CURRENT WAGES PAID IN DESIRED LOCATION***

*Attach 5 to 6 ads for jobs that you would qualify for after completion of training Must include full Job description and minimum requirements.*

**Section B. CAREER RESEARCH**

# Career Research Form

Please complete the information listed below for each training provider that you researched. The information on this form will provide justification for request.

Name of 1 <sup>st</sup> Training Provider	Name of 2 <sup>nd</sup> Training Provider	Name of 3 <sup>rd</sup> Training Provider
Training Program	Training Program	Training Program
Entry Criteria	Entry Criteria	Entry Criteria
Length of Training	Length of Training	Length of Training
Course outline/brochure	Course outline/brochure	Course outline/brochure
Cost	Cost	Cost
School's Placement Rate	School's Placement Rate	School's Placement Rate
Is Financial Aid Available?	Is Financial Aid Available?	Is Financial Aid Available?
Type	Type	Type

**Section C. COSTS OF TRAINING**

**All training costs must be included on this form**

Must attach school catalog or brochure detailing costs

**COSTS ELIGIBLE FOR DEKALB COUNTY WIA FUNDING**

TUITION	\$	
CERTIFICATION TESTING FEES	+	
OTHER MANDATORY FEES	\$	
BOOKS	+	
UNIFORMS	+	
SUPPLIES	+	
LAB FEES	+	
INSURANCE	+	
PERMIT/FEES	+	
OTHER (specify)	+	
<b>TOTAL COSTS</b>	<b>\$</b>	<b>E</b>

**OTHER FINANCIAL AID**

PELL GRANT (attach Student Aid Report)	\$	
HOPE GRANT	+	
SEOG	+	
SCHOOL OR INSTITUTIONAL GRANT	+	
OTHER (specify)	+	
<b>TOTAL OTHER FINANCIAL AID AVAILABLE</b>	<b>\$</b>	<b>F</b>

**COST CALCULATIONS**

<b>If E is more than F, complete this section</b>		
TOTAL	\$	
TOTAL FINANCIAL AID	-	
REMAINING COSTS	\$	<b>G</b>
ALLOWABLE DEKALB COUNTY WIA FUNDING	\$	
EXCESS NOT COVERED BY WIA	-	

**How does customer plan to pay for training?**

---



---



---

\_\_\_\_\_  
**(Printed name) and Signature of training representative completing this form**

\_\_\_\_\_  
**Date**

### **Section D. Employer Contact**

Ask your school for 2 or 3 employer references. These should be companies where the school has placed WIA graduates. As placement assistance is part of their responsibility they should be able to provide this information. Be sure to contact someone who is in a management or human resource position. Discuss your training plan with them, telling where you hope to receive this training. Then ask them if they would help you by answering the four questions listed below.

1. Are you familiar with the training classes at (customer fills in school name)?

---

---

2. Do you feel that the school adequately prepares the students for the job market?

---

---

3. If company had an opening, would you hire someone from that school?

---

---

4. Use this space below to provide any additional information on employment potential related to this training or this particular school.

---

---

---

5. In the space below, list the name and address of this company; and the name, title, and phone number of the person who provided the above information:

Company's name and address: \_\_\_\_\_

Contact Person, title, and phone: \_\_\_\_\_