



November 1, 2022

Eastern Carolina Local Area Issuance No. 2022-04

SUBJECT: Individual Training Accounts

PURPOSE: To transmit policy on Individual Training Accounts (ITA) and rescind Eastern Carolina Local Area Issuance No. 2015-07, Change 1 dated June 8, 2016.

BACKGROUND: The ITA voucher system is designed to be flexible and facilitate the purchase of a training program that best meet customer needs and interest. WIOA funded training activities may only be made available to employed and unemployed adults and dislocated workers who have met the eligibility requirement for training services.

ACTION: The Board approved WIOA service provider will be responsible for managing the Individual Training Account voucher system in the Career Center. As appropriate, the WIOA service provider will assist eligible individuals with the purchase of a training program that meets the individual's training needs as evidenced by supporting documentation in the participant's record.

Training services may be made available to employed and unemployed adults and dislocated workers 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 service provider 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.

Once the individual has been determined in need of training services to obtain or retain employment leading to self-sufficiency or wages comparable to or higher than wages from previous employment; and the ability to participate successfully in training services, the WIOA service provider will provide information regarding the availability of training. Individual Training Accounts will be discussed with the individual specifying his/her responsibility regarding the ITA. In consultation with the WIOA service provider, 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 participant's responsibility to identify and select a training provider from the State list of eligible providers approved by the Local Board.

The case file must contain a determination of need for training services as determined through the interview, evaluation, or assessment, and career planning informed by local labor market information and training provider performance information, or through any other career service received.

Individuals will use ITAs (**Attachment A**) for training services provided by training providers on the Board approved statewide list of eligible training providers for this local area. Training shall be directly linked to occupations that are in demand in the local area or in another area to which an adult or dislocated worker receiving such services is willing to relocate.

After the ITA is established, the WIOA service provider will write the control number, name of training provider, WIOA customer/participant name, social security number, date voucher issued, approved amount, date voucher was redeemed and amount redeemed for on a voucher control log (**Attachment B**).

Payments from ITAs will be made to the approved training institutions by the authorized WIOA service provider. Payment of training costs by WIOA will be coordinated with any payment of training costs by other grant assistance. The WIOA service provider will be required to abide by contractual requirements, as well as Federal, State and local policies and procedures. The WIOA service provider will be required to track expenditures of resources by individuals to ensure that individual accounts are not over awarded through WIOA Title I funds for the ITA. Only training providers that are on the statewide list of eligible providers will be reimbursed under the ITA training vouchers.

Limitations on ITAs established as policy by the Local Board.

In an effort to maximize the funds available for adult and dislocated worker training activities, limits will be placed on the amount and duration of the ITAs. Limitations established by the Local Board will not be implemented in a manner that undermines the Act's requirement that training services be provided in a manner that maximizes customer choice in the selection of an eligible training provider.

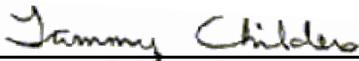
To maximize training opportunities for as many eligible individuals as possible, the maximum ITA amount shall be consistent with the curriculum course rates offered through the North Carolina funded Colleges and/or Universities, not to exceed \$4,000 per year. The ITA will be allocated on a semester basis with training in an occupation approved by the ECWDB (*as referenced on NCWorks Online*) to be completed within a two-year period. The individual must meet the training provider's attendance requirements for full-time student status and maintain a minimum 2.0 grade point average on a semester basis in order to be certified for continued funding under the ITA.

The ITA shall cover tuition, fees, books and those expenses that are included as part of the syllabus or addendum to the syllabus that are required prior to the start of training or by the first day of training. Items that are required to complete training that do not fall under an ITA expense are considered a supportive service and service providers must follow the process outlined in the supportive services policy.

Training requiring a significant investment in tools and supplies will be evaluated for ITAs based on the labor market needs and previous experience with successful employment in the occupational skill. Tools in excess of five hundred dollars (\$500) will require three (3) quotes unless the training provider has identified a preferred vendor for the purchase of such tools. WIOA service providers will adhere to the Local Area's ITA policy and procedures that outline the requirements and limitations. An ITA will only be established for those eligible individuals who have received adult basic career services and whose employment plan indicates the need for such training. In cases where the individual opts to purchase training services from an eligible training provider where the costs exceed the approved amount, the individual will be required to pay the additional costs associated with that training.

No participant shall be directly reimbursed for any training or training related expenses covered by an ITA. Any exceptions to this must be approved by the ECWDB Executive Director prior to any reimbursement.

EFFECTIVE DATE: November 1, 2022
EXPIRATION DATE: Indefinite
CONTACT: Tammy Childers, Director
DISTRIBUTION: WIOA Adult, Dislocated Worker and Out-of-School Youth Service Providers



Tammy L. Childers, Director

Attachments

**Workforce Innovation and Opportunity Act Individual Training Account
Voucher Certificate
AUTHORIZATION FOR TRAINING**

ITA CONTROL #:

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LA Year (2) ITA # (4) Provider (4) Date Authorized 2 0

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|----------------|--|--------------------------|
| WIOA Customer: | Last 4 digits of Social Security # or School ID #: | Expected Completion Date |
| | | |

| | | |
|--------------------------|-------------------|--|
| Approved Course of Study | Applied for PELL: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |

Adult Dislocated Worker Out-of-School Youth Other (Indicate Program): _____ Semester _____ Year _____
 Fall Spring Summer

| AUTHORIZED BY: | | | | TRAINING PROVIDER | | | |
|-----------------|--|--------|--|-------------------|--|--------|--|
| | | | | | | | |
| | | | | | | | |
| Contact Person: | | Phone: | | Contact Person: | | Phone: | |
| E-Mail: | | | | E-Mail: | | | |

APPROVED SERVICES: (Please fill in the approved amount for each service)

| | | | |
|---------------------------|----|-------------------------|----|
| Application/Registration: | \$ | Fees: | \$ |
| Tuition: | \$ | Supplies: | \$ |
| Books: | \$ | Other (Please specify): | \$ |

TOTAL AMOUNT OF APPROVED FUNDS: \$

| | |
|--|----|
| | \$ |
|--|----|

This Voucher Certificate is approved and issued by:

| | | |
|----------------------|--------------|------|
| Authorized Signature | Printed Name | Date |
|----------------------|--------------|------|

REDEMPTION OF VOUCHER TO BE COMPLETED BY TRAINING PROVIDER'S BUSINESS/FINANCE OFFICE

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 also assure that double-billing for identical training services does not occur for those recipients who receive federal financial aid. The Training Provider will receive a written notice of deobligation if the student's status changes. However, in no case shall the voucher be redeemable beyond June 30th of the year authorized.

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 Workforce Innovation and Opportunity Act customer.

| TYPE OF SERVICE | COST | TYPE OF SERVICE | COST |
|---------------------------|------|-------------------------|------|
| Application/Registration: | \$ | Fees: | \$ |
| Tuition: | \$ | Supplies: | \$ |
| Books: | \$ | Other (Please specify): | \$ |

TOTAL COST CANNOT EXCEED AMOUNT APPROVED

| | | |
|---------------------|----|---------------------|
| Total Cost → | \$ | ← Total Cost |
|---------------------|----|---------------------|

VOUCHER CONTROL LOG

| WIOA Service Provider | | | Program Year | Semester | |
|-----------------------|-------------------|-----------------------|--------------------|---------------------|---------------------------|
| | | | | | |
| CONTROL NUMBER | TRAINING PROVIDER | NAME OF WIOA CUSTOMER | SSN or SCHOOL ID # | DATE VOUCHER ISSUED | DATE VOUCHER WAS REDEEMED |
| | | | | APPROVED AMOUNT | AMOUNT REDEEMED FOR |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
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