

### Individual Training Account (ITA) Request

Issued through Eckerd

Participant Name:						PID:		
Funding Source/Program:	[ ]	Adult	[ ]	DLW	[ ]	Youth	[ ]	Other

WIOA Approved Training Provider:			
Training Start Date:		Training End/Estimated End Date:	
WIOA Approved Training Program:			
Credential:		Occupational Code	
Other sources of funding to be considered (examples: PELL Grant, Scholarships, OTAG and other payments):			
Amount of ITA Request: \$	Training <u>Provider</u> is NOT PELL Eligible	Training <u>Program</u> is NOT PELL Eligible	<u>Participant</u> is NOT PELL Eligible
	[ ]	[ ]	[ ]

- \_\_\_\_\_ The participant has developed an Individual Employment Plan (IEP)/Individual Service Strategy (ISS)
- \_\_\_\_\_ All supporting documentation required by policy has been uploaded to the appropriate section in the on-line case management system
- \_\_\_\_\_ A detailed program note has been added to the on line case management system clearly detailing the service, who is paying for it and how much has been requested
- \_\_\_\_\_ Prorating Worksheet and supporting documentation are uploaded and a detailed case note is entered
- \_\_\_\_\_ The appropriate service has been chosen in the on-line case management system and appropriate dates have been entered
- \_\_\_\_\_ The desired credential will assist the participant in obtaining employment in an occupation within the Green Country Workforce Development Board's (GCWDB's) demand occupations list

WIOA Service Provider Staff Name	Signature	Date
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	Original Request
	Modification # _____ Rationale: _____