

**Workforce Innovation and Opportunity Act (WIOA)
INDIVIDUAL TRAINING ACCOUNT (ITA)**

To Whom It May Concern: The person named on this ITA is eligible to receive training services funded by the Workforce Innovation and Opportunity Act (WIOA) as specified on this form, as long as funding is available and has been authorized by the signature of the WIOA service provider.

***This form should be completed prior to the start of each semester or training course.*

1. Trainee Name: _____

2. Student ID: _____ or Date of Birth: _____

3. Training Provider Name: _____ Federal Tax ID#: _____

Address: _____
PO Box/Street Address

City State Zip Code

On Eligible Training Provider List for _____
State

4. Training Information:

Program/Course Title: _____

5. Summary of Training Costs:

Semester or Training Course: _____

Starting Date: _____ End Date: _____

6. Maximum training costs to be paid to the training provider: _____

Authorized Signature: _____ Date: _____
WIOA Program Staff

WIOA Service Provider: _____

WIOA Contact Information: _____

ITA ADDITIONAL TRAINING RELATED NEEDS

This page must be attached, but does not go to the Training Provider

Complete this page only when approving the purchase from a vendor other than the training provider. This form should only be completed prior to the start of training and include the items necessary for the participant to complete training. This page is all that is needed to purchase the items listed below. This page must accompany page 1 in the participant file.

If no items will be purchased, mark the “Not purchasing from a vendor other than the training provider” box.

7. Items to be purchased from a vendor other than the training provider:

Not purchasing from a vendor other than the training provider

Vendor	Item Purchased	Cost

TOTAL: _____

Participant’s Signature: _____ Date: _____

Authorized Signature: _____ Date: _____
WIOA Program Staff