WIA Adult/Dislocated Worker Request for Exception to $5,000 ITA Limit

POLICY #: 120

This request was reviewed and approved for submission by:

WIA Program Supervisor (or Designee):

WIA Provider Name: Date:

1. Participant Name:
2. Participant Social Security Number:
3. Date of Initial Registration in WIA:
4. Adult or Dislocated Worker Program:
5. Co-Enrollment in Other Programs (list):
6. Training Provider:
7. Training Program:
8. Estimated Placement Wage After Training:
9. Total Training Cost:
10. ITA Amount Requested:
11. List Amounts of Other Sources of Funding: PELL $ Other Financial Aid $
    TAA $ NAFTA $ Loans $ Self $ Other $
12. If Not Eligible for PELL, Explain Why:
13. Total Planned Supportive Service Costs: Childcare $ Transportation $
    Other (list) $
14. Do other training providers on the local eligible training provider lists (SW WA or Portland metro area) offer this training for a lower cost? If so, list training provider, cost, and reason that program was not selected.
15. This request to exceed the $5,000 ITA limit is based upon the following (include what is unique about this participant's situation, including financial need):

WDC Use Only:
Exception Approved **Exception Denied**

E-mail completed form to your project manager at info@swwdc.org

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WIA Program Supervisor (or Designee):

WIA Provider Name: Date: