



Individual Training Account (ITA) Participant Contract

Participant Name: _____ APPID: _____
Training Provider: _____ Training Program: _____
Duration of Training Program: _____ to _____

As a participant of the Missouri Job Center and the Workforce Development Board of North Missouri, I agree to accept training funds under the following guidelines:

- ☐ I understand that training sponsorship is for a specific amount of time and funding. I understand that continued sponsorship is dependent upon continued availability of funds from the Department of Labor; satisfactory progress in training; compliance with program policy and procedures; and compliance with my Individual Employment Plan as jointly developed with my Case Manager;
- ☐ I agree that I am responsible for providing information regarding my tuition, fees, books, and other associated training costs to my Case Manager at least two weeks prior to the start of each semester to be considered for funding. I also agree that I am responsible for budgeting and tracking my ITA expenditures to ensure the funds available to me are not depleted prior to completing training. This ITA is limited to the scheduled start and end dates stated above;
- ☐ I agree to submit my grades or transcript to my Case Manager as soon as they are available in order to receive funding for the next semester. I realize that I must make acceptable progress to continue in the program and follow the training institution's training course curriculum;
- ☐ I understand that should I choose not to coordinate each semester's registration with my Case Manager before classes begin, I may not be funded for the semester. I will discuss any adds, drops or withdrawals with my Case Manager before I submit the paperwork to my training institution. I understand that the Missouri Job Center and Workforce Development Board of North Missouri will not pay for any repeated coursework.
- ☐ I agree to maintain contact with my Case Manager to discuss my training progress and any other issues, whether academic, personal or financial, that may affect the successful completion of my training. I will immediately inform my Case Manager of changes in name, address, phone number or back-up contact information;
- ☐ I have applied for Federal Assistance for Student Financial Aid (FASFA), provided a copy of the completed form to my Case Manager, and will continue to apply for financial aid for the duration of my program of study. My Case Manager has explained that all other funding sources must be applied to my training account before Workforce Development Act funds can be used to pay for the balance. My Case Manager has also explained that I do not need to acquire student loans or incur any debt in order to participate in Missouri Job Center or Workforce Development Board of North Missouri programs. My Case Manager has coordinated with my training institution's financial aid office so I will continue to receive financial aid counseling, including student loan counseling, for the duration of my training;
- ☐ I agree to provide my Case Manager with a copy of my certificate of completion of my training program; and
- ☐ I certify that I have received a copy of the Missouri Job Center EEO procedures informing me of the steps for filing a complaint or grievance.

My Case Manager has explained this document and my rights and responsibilities as a Missouri Job Center and Workforce Development Board of North Missouri customer and I agree to the terms contained in this document. I understand that failure to comply with this document may result in loss of all WIOA funding. I have received a copy of this document for my records.

Customer Signature: _____ Date: _____

I have established this ITA and reviewed the terms of this agreement with the customer.

Case Manager Signature: _____ Date: _____

The Workforce Development Board of North Missouri is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY users can dial 711. This information can be translated into another language if requested. Please contact the WDB Office for translation assistance.

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