

Training Benefits Application and Approval – TAA and WIOA

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m) Wis. Stats]. Provision of your Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay.

Participant Information

Name	Social Security Number	Telephone Number
Employer Name	Petition Number	TRA Account Number

Training Request

Training Program		Training Site Name	
Occupational/Vocational Training <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Training Start Date	End Date	Number of miles from residence to training site (<i>Internet estimate is acceptable</i>)
Prerequisite Training <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Prerequisite Training Start Date	End Date	Number of Weeks
Remedial Training <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Remedial Training Start Date	End Date	Number of Weeks
I understand that should I fail to complete the selected training without good cause, there is a potential for overpayment of funds and that I may be responsible for paying them back. The information on this form will be used to issue a determination regarding eligibility for benefits. If you disagree with the determination, you have the right to file an appeal. Instructions for filing an appeal will be found on the back of the determination.			
Participant Signature			Date Signed

Justification for TAA Training (*To be filled out by WIOA Case Manager or TAA Coordinator*)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. There is no suitable employment available for this participant within the normal commuting area at this time. Please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Will participant benefit from appropriate training? There should be a direct correlation between need and training.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is there a reasonable expectation of employment following the completion of training? Source of information:
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Approved training is available. Name of training facility:
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is participant qualified to undertake and complete the selected training program? Please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is the selected training program available at a reasonable cost? Estimated total cost of training: \$

Approval/Denial of Training Benefits (*To be filled out by WIOA Case Manager or TAA Coordinator*)

<input type="checkbox"/> Approved	Application and request for Training Benefits is approved and meets all requirements for approval. This verifies that the above named participant is currently enrolled in retraining activities funded under the Workforce Innovation and Opportunity Act or Trade Adjustment Assistance Act as amended.	
<input type="checkbox"/> Denied	Application and request for Training Benefits is denied because:	
WIOA Case Manager Signature		Date Signed
TAA Coordinator Signature (Required to approve TAA Training and funds)		Date Signed