Department of Workforce Development

Division of Employment and Training

Unemployment Insurance Division

# Training Benefits Application and Approval – TAA and WIOA

This form collects information to determine your eligibility for the Trade Adjustment Assistance (TAA) funding for training. You will not receive TAA funding for training until you have completed this application, which is necessary to determine eligibility. TAA and it's administering entity, the Department of Workforce Development, may use the information from this form for purposes other than those for which it was collected. This may include referring you to other workforce programs. Providing 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 Program(s) | | | | | | Training Site Name | | | | |
| Training Schedule  Full-time  Part-time | | | Training Plan Start Date  End Date | | | | | | Number of Training Weeks | |
| Number of miles from residence to training site (Internet estimate is acceptable): | | | | | | | | | | |
| Participants training plan includes:  remedial training and / or  prerequisite training or  neither remedial nor prerequisite training is needed | | | | | | | | | | |
| Participant is anticipated to need transportation payments to support training:  Yes  No | | | | | Participant is anticipated to need subsistence payments (meals/lodging) to support training:  Yes  No | | | | | |
| 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 I disagree with the determination, I 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 TAA Coordinator) | | | | | | | | | | |
| T  F | | 1. The participant is unable to secure suitable employment within the normal commuting area.   **Please explain:** | | | | | | | | |
| T  F | | 1. The training will increase the participant's likelihood of gaining employment, and especially suitable employment. **Please explain:** | | | | | | | | |
| T  F | | 1. There is a reasonable expectation of employment following the completion of training.   **Please explain (include source of information):** | | | | | | | | |
| T  F | | 1. Approved training is reasonably available. Training within the commuting area must be given priority, all else being equal. **Name of training facility:** | | | | | | | | |
| T  F | | 1. The participant has adequate financial resources AND the knowledge, skills, abilities, educational background, and/or work experience to successfully complete the selected training program.   **Please explain**: | | | | | | | | |
| T  F | | 1. The selected training program is available at a reasonable cost. **Please explain (include estimated total cost of training):** $ | | | | | | | | |
| **Approval / Denial of Training Benefits** (to be filled out by WIOA Career Planner or TAA Career Planner) | | | | | | | | | | |
| 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. | | | | | | | | | |
| Denied | Application and request for Training Benefits is **denied** because: | | | | | | | | | |
| WIOA Career Planner Signature | | | | | | | Telephone Number | | | Date Signed |
| TAA Career Planner Signature | | | | | | | Telephone Number | | | Date Signed |
| TRL Signature | | | | | | | Telephone Number | | | Date Signed |