



Customer Individual Training Account Voucher Terms and Conditions

In accepting a training voucher I agree to the following terms and conditions:

1. The amount of an ITA voucher is awarded based on individual factors including tuition, fees, coordination of other funding sources, and needs identified in my IEP. It is good for one transaction and should not be considered a guarantee of any future issuance of ITA vouchers.
2. The ITA voucher amount is limited to the amount for the training program stated on the voucher.
3. I understand that I must meet all attendance and academic requirements of the school.
4. I understand the school must comply with Equal Employment Opportunity and Nondiscrimination provisions of the Workforce Innovation and Opportunity Act to include a process for filing complaints.
5. I understand that I am NOT required to access student loans or incur personal debt for education costs not covered by this ITA voucher. However, if I choose to do so, I understand and accept the responsibilities associated with such indebtedness, including any government student loan repayment requirements.
6. I agree to contact my Career Coach at least monthly to discuss my training progress until I have completed training and obtained employment.
7. I am willing to make every effort to follow through on achieving my training goals and objectives within the time frame specified.
8. I will immediately inform my Career Coach of any change to my name, address, telephone number, email address etc.
9. I will notify my Career Coach immediately of any changes in my class schedule, if I drop, or am in danger of dropping or failing the class. I will discuss any concerns/issues with my Career Coach so the necessary changes can be made.
10. After training, I will actively participate in obtaining employment by attending workshops and any services available through Workforce Development Center that will assist me in achieving my employment goals.
11. I understand Workforce Innovation and Opportunity Act (WIOA) is an outcome-based program, and I agree to provide all new employment information to WDC staff including: name of business, address, phone number, supervisor's name, job title, starting salary, type of benefits offered and provide follow-up information as necessary for at least one year.

Participant's
Signature: _____

Date: _____

Alternate Contact: _____

Alternate Contact's
Phone Number: _____