

## Individual Training Account (ITA) Checklist

Destining of News				DID.
Participant Name:				PID:
WIOA Title 1 Subtile B Program			1	
OSY ages 16-24	Adult		DLW	Date of Dislocation
Training Program:			Classification of Instructional Program (CIP) Code:	
Training Start Date:			Training End/Estimated End Date:	
Training Provider:				
Is the career, associated with this tr	aining, on the GCWE	B demand occ	upations list?	Yes No
Check the box coordinating with ite and uploaded together under ITA D				
Unemployment (UI) job		line case mana	gement system re	ferrals, job search worksheets or
Personal Budget Training Program Appro	val Peguest (TDAP) s	innroved e-ma	Land costs match	information from training provider
Acceptance letter to train			i and costs mater	morniation from training provider
			l resources a stud	ent is able to received, Trade
		-		ces (DRS) award letter, Coordination of
Training Funds (COTF), 6				, ,
ITA Acknowledgement a				
	_	g program (up t	o \$16,000.00 for t	he lifetime of participant)
Prorating Worksheet an	-			, ,
ITA Tracking Tool(s)	0	,		
ITA Voucher(s)				
WIOA Service Provider Lead			WIOA Service Provider Quality Assurance	

