

**TRADE ADJUSTMENT ASSISTANCE (TAA)
REEMPLOYABILITY TRAINING PLAN**

Name of Company: _____		Petition # _____
Name of Local One-Stop Career Center: _____ Address: _____ City: _____ Zip Code: _____		
<p style="text-align: center;">TRA Claimant/Applicant Information</p> <p>Name: _____ Address: _____ City: _____ Zip Code: _____ Phone Number (____) ____ - _____</p> <p>Social Security Number: ____ - ____ - _____</p> <p>UI Claimant – Specify paying state: _____ Primary occupation at trade-affected firm: _____</p> <p>O-Net Code: _____</p> <p>Occupational Training Goal: _____ O-Net Code: _____</p> <p>Reemployability Plan Summary:</p>	<p style="text-align: center;">Training Information</p> <p>Institution Name: _____ Address: _____ City: _____ Zip Code: _____ Phone Number (____) ____ - _____</p> <p style="text-align: center;">List Type(s) of Approved Training</p> <p>Occupational Skills _____ Begins: ____/____/____ Ends: ____/____/____ Hours per week ____</p> <p>Customized Training _____ Begins: ____/____/____ Ends: ____/____/____ Hours per week ____</p> <p>On-the-Job Training _____ Begins: ____/____/____ Ends: ____/____/____ Hours per week ____</p> <p>Registered Apprenticeship _____ Begins: ____/____/____ Ends: ____/____/____ Hours per week ____</p> <p>Prerequisite _____ Begins: ____/____/____ Ends: ____/____/____ Hours per week ____</p> <p>Remedial _____ Begins: ____/____/____ Ends: ____/____/____ Hours per week ____</p> <p>Full Time Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total of Number of Weeks of Participation in Training: _____</p> <p>Total Costs of Approved Training _____ (Grand Total on page 2)</p>	
<p>Approval recommended by _____ (Print Name of local TAA Coordinator)</p>	<p>Signature _____ Approval Date _____ (To be signed and dated by the Career Center Manager or designee with approval authority)</p>	

Privacy Act Statement

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 42 U.S.C. 1320b-7 (a)(1) (Social Security Act) and 7 C.F.R. 273.6 disclosure of your social security number is mandatory. Your social security number will be entered in the state management information system through unemployment insurance.

Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.

**TRADE ADJUSTMENT ASSISTANCE (TAA)
TRAINING PROGRAM COST TABLE AND TRAINING CERTIFICATION**

APPLICANT NAME: _____ **SOCIAL SECURITY #** - -

I. COST TABLE

TOTAL TRAINING COSTS

Total Tuition Costs	Total Book Costs	Total Supplies	Total Fees	Grand Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**ATTACH A COPY(IES) OF COURSE OUTLINE/SYLLABUS/CATALOG
TO SUPPORT TOTAL TRAINING COSTS.**

PELL GRANTS OR OTHER GRANT, SCHOLARSHIP, OR WORK-STUDY ASSISTANCE

Did the individual apply for financial assistance? Yes No

Was the individual approved for a Pell Grant, Scholarship, Work-Study Assistance, or other grant?

Yes No

If the individual is approved for such assistance, does the individual elect to apply these funds to living expenses?

Yes No

Note: The One-Stop Career Center staff will need to coordinate with the training institution about TAA payments and use of the Pell Grant.

II. TRAINING CERTIFICATION

Name of Training Institution

Signature of Authorized Agent for Training Institution

Name of Agent/Title

Address _____

Telephone Number: _____

City, State Zip _____

E-mail address: _____

PLEASE RETURN COMPLETED INFORMATION TO:

Name of One-Stop Career Center

Local One-Stop Career Center Contact

Address _____

Telephone Number: _____

City, State Zip _____

E-mail address: _____

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**TRADE ADJUSTMENT ASSISTANCE (TAA)
APPLICANT ACKNOWLEDGMENT FORM**

Participant Name: _____ **Petition Number:** _____

Training Provider: _____ **Training Program:** _____

1. I will participate in full-time training during the length of the specified program, as defined by the training provider.
 2. I may only participate in part-time training if I have been previously approved. I understand that I will not qualify for TRA while in part-time training.
 3. I will abide by the training provider's attendance policy. I will participate in ALL classes scheduled for each term. Any failure to participate may be cause for denial of TRA/UI/RTAA benefits during the week in which the failure to participate occurred. Excessive failure to participate in classes will be considered cause for termination from training.
 4. I will maintain "satisfactory progress" throughout my Prerequisite/Remedial and/or Occupational training as defined below:
 - Showing improvement, as evaluated on an individual basis (Remedial)
 - Attaining and maintaining a cumulative grade point average of 2.0, or higher. If the training institution requires a higher standard for "satisfactory progress", I will meet that standard to maintain satisfactory progress.
- NOTE: Failure to maintain satisfactory progress may be reason for denial of benefits (training, TRA, etc.)
5. I will cooperate with the training provider to ensure the completion and submission of the weekly attendance records.
 6. I will make contact with the TAA Coordinator/Case Manager once a month. I will notify the TAA Coordinator/Case Manager of any change of address, phone number, and employment information.
 7. I will not change my training program without prior approval from my case manager. I will register only for classes in my approved training program. Failure to obtain approval from my case manager for changes in my training program may be cause for termination from training. Furthermore, I will be financially responsible for training that was not approved.
 8. I will not be paid any TRA benefits during a scheduled break in training that lasts more than 30 days.
 9. I am responsible for providing a copy of my training schedule to my case manager at the beginning of each term. At the end of the term, I am responsible for providing a record of my grades.
 10. I will not cease training without prior approval by my Case Manager.
 11. I have been informed by the TAA Coordinator/Case Manager that I have met the six training program criteria.
 12. I understand that I may be eligible to receive transportation and/or subsistence assistance if training has been approved outside of the commuting area.
 13. I have been informed by the TAA Coordinator/Case Manager that my TRA Application has been recorded in the UI System.
 14. I understand that to appeal a decision affecting TRA, ATAA, or RTAA, I must follow the procedures detailed in the letter from the Agency for Workforce Innovation transmitting the decision.
 15. I understand that to appeal a decision affecting other benefits under TAA (training, transportation and/or subsistence assistance, job search and/or relocation allowances), I must follow the local grievance procedures.

Participant Signature

_____/_____/_____
Date

TAA Coordinator/Case Manager Signature

_____/_____/_____
Date