

# National Able Network Training Packet to **RE-ENROLL** in WIOA

Program: Workforce Innovation & Opportunity Act (WIOA)

Hello! Please complete this entire packet and then send to your assigned Career Coach.

If you have not been assigned a Career Coach yet, please complete the packet and  
OmahaEligibility@NationalAble.org

## Section 1: Contact and Workshop Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What was the date that you attended the Training Guidance Workshop?: \_\_\_\_\_

**THIS SECTION IS ONLY FOR OUR STAFF MEMBERS. PLEASE CONTINUE TO SECTION 2.**

Date of Preliminary Review: \_\_\_\_\_

Training Request Review Team Date: \_\_\_\_\_

Training Request Review Team Outcome: ☐ Approved ☐ Denied

## Section 2: Re-enrollment Request Information

### Section 2A: Preliminary Questions

1. Have you ever received training through the Workforce Investment Act (WIA) or the Workforce Innovation and Opportunity Act (WIOA)?

☐ Yes

☐ No

**IF YOU ANSWERED YES, PLEASE CONTINUE.**

**IF YOU ANSWERED NO, PLEASE STOP AND COMPLETE THE FIRST-TIME ENROLLMENT FORM BY CLICKING ON THIS TEXT.**

2. If you answered YES to question 1, was the training successfully completed?

☐ Yes

☐ No

3. Did you attain employment in the field of training?

☐ Yes

☐ No

4. What was the name of the training program, the name of the school, and the year you participated?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**5. Why are you seeking to re-enroll in WIOA? Is it for training? Is it for employment?  
Please answer below using 4-5 sentences.**

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**6. If WIOA previously attempted to pay for your training and you did not complete your training, please explain why you did not complete your training. If this does not apply to you, please enter "This does not apply" in the lines below.**

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**7. Why should you be approved for re-enrollment into WIOA? What has changed?  
Please answer below using 4-5 sentences.**

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**NOTE:**

*There is usually a lifetime limit of ONE WIA/WIOA training per person. It is rare to be approved for a second training if you've already participated in a WIA/WIOA training. In each case, there is strict criteria that must be met. Requests for second training must be approved by the funder, and we cannot guarantee approval.*

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## Section 2B: Training Feasibility

1. Are you currently working?

☐ Yes ☐ No

If you selected YES:

- How many hours are you working per week? \_\_\_\_\_
- How do you anticipate requesting flexibility from your employer to attend training?  
\_\_\_\_\_

2. Are you currently collecting unemployment insurance?

☐ Yes ☐ No

If you selected YES, when will it expire?  
\_\_\_\_\_

3. How do you plan to support yourself financially while in training?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Approximately how long have you lived at your current residence? \_\_\_\_\_

5. Will you be moving anytime in the near future?

☐ Yes ☐ No

If you selected yes, please provide estimated moving date: \_\_\_\_\_

6. What is your plan for getting to and from your training program? How do you plan to pay for transportation?  
\_\_\_\_\_  
\_\_\_\_\_

7. If you have children under the age of 18 and/or you have caretaker responsibilities, please share your caretaker and childcare arrangements during training:  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you currently participating in any other educational/training program?

☐ Yes ☐ No

If you selected yes, please answer these questions:

- Program Name: \_\_\_\_\_
- How many hours per week do you spend in this program. (Note: Please remember to include time spent in a classroom, time spent studying, etc.): \_\_\_\_\_
- Date you plan to complete the program: \_\_\_\_\_

9. Do you have any felonies or misdemeanors on your record?

☐ Yes ☐ No

If you selected yes, kindly provide a brief explanation that includes the nature of the offense(s) and how this is compatible with your desired occupation after training:  
\_\_\_\_\_  
\_\_\_\_\_

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## Section 2C: Labor Market Information & In-Demand Options

1. Write down the industry you are interested in entering and the occupation you would pursue immediately after completing training.

Industry: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Go to [www.ONETOnline.org](http://www.ONETOnline.org) (or Google "Onet Online") and/or go to [H3.NE.gov](http://H3.NE.gov).

- Search for your desired occupation upon completing training.
- List the job title and projected job growth.

Job Title: \_\_\_\_\_

Projected Job Growth: \_\_\_\_\_

Average Annual Job Openings: \_\_\_\_\_

### 3. Training Options

- Visit [NEWorks.Nebraska.gov](http://NEWorks.Nebraska.gov) and scroll down to the blue box titled "Job Seekers"
- In the box, select "Training Services"
- Select "ETPL Approved Programs"
- Use this search tool to find training providers (like schools and programs) that support your desired occupation. (\*Tip: Use City and Zip Code to find options closest to you.)
- Select TWO training providers that offer programs for your specific training focus.

*\*Please note, the Total Program Costs listed are for informational purposes and is not indicative of what WIOA can cover.*

#### Training Provider Option 1:

School Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Length: \_\_\_\_\_

#### Training Provider Option 2:

School Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Length: \_\_\_\_\_

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4. Find FIVE specific job listings that you would qualify for upon completion of the training program. These should be jobs that you DO NOT qualify for today, but you will be qualified for AFTER you finish training. Below include links to each job listing post. If you cannot include the links, then take screenshots and attach them along with this packet.

NOTE: These jobs should be full-time, permanent positions through a direct employer (NOT a staffing agency.) You should meet all the requirements except for the certification/training you are seeking. If you're changing to a new career industry, be sure to search for entry level positions.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

5. Do you meet the basic requirements listed in each of the jobs above? If not, briefly explain what you are missing (including the certifications/training):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 2D: Career Pathways Considerations

1. What are the transferable skills you have for this new career path?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What are the education requirements in order to attain this new career path?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is a license or certificate required to gain employment and/or advance in this career path?

☐

Yes

☐

No

If you selected YES, please list the specific requirements, here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. In addition to training and/or certifications, what other experience is required to attain a job in this career path? What's your plan for acquiring this experience?

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5. What working conditions (i.e.: work hours, environment, physical/mental demands, etc.) exist in this new career?

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6. Would any of the conditions you mention in question 2 be a challenge for you? If so, explain what they are and how you plan to overcome them.

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7. What would your salary expectations be once you complete training?

(\*Tip: Take the time to ask yourself if this is a *realistic* salary, and if it will meet your needs.)

Salary Expectation: \_\_\_\_\_

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## Section 3: Statement of Interest

In this statement of interest, we've broken up the requirements into three paragraphs. Although each paragraph should be around five sentences, it's most important that you answer the questions completely. We've added an extra page in case you need more room.

Please read the requirements and then answer in complete sentences.

### ▶ Paragraph 1

**Requirements for Paragraph 1: Which job titles would you anticipate being a competitive candidate for immediately after training? How do you think training would affect your career within the first 6 months after training? What do you envision yourself doing in your career three years from now?**

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### ▶ Paragraph 2

**Requirements for Paragraph 2: Why do you think your training application should be approved? What else would you like to tell us about yourself and your request? Why do you want to work in this career field?**

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### ▶ Paragraph 3

**Requirements for Paragraph 3: Detail your job search efforts and results (techniques used, time invested per week, number of interviews attained, et.c) What kind of jobs have you been applying for and why do you think you have not been hired?**

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## Extra Page

If you need more room to finish your paragraphs, please feel free to do so below.

[illegible]

## Student Orientation Agreement

Student Name \_\_\_\_\_  
 Program (ETPL Approved) \_\_\_\_\_  
 Campus Location \_\_\_\_\_  

Address
City
State
Zip

I understand that I have been approved for the training program listed above, and will receive financial assistance from the Workforce Innovation and Opportunity Act (WIOA) as written out in my Individual Employment Plan or Individual Service Strategy.

1. ☐ I will attend classes as scheduled. I will notify my Career Planner if anything prevents me from regularly attending classes or interferes with the completion of my training.
2. ☐ I will inform my Career Planner of any address or telephone changes.
3. ☐ I understand that any books, tools, uniforms, or any other material purchased by WIOA will remain the property of WIOA during the training period. If I discontinue training, or if I am terminated before completion, I agree to return these items to my Career Planner no later than seven (7) days after the date of termination. If I complete my training program, all agreed upon items become my property.
4. ☐ I agree to provide my Career Planner with a class schedule, financial information, and other pertinent information requested during registration each semester.
5. ☐ I agree to maintain a 2.0 GPA or better and to provide my Career Planner with copies of my grade reports and monthly evaluations at the end of each term.
6. ☐ I agree to follow attendance and drop/add procedures as outlined by WIOA and the college.
7. ☐ I agree to provide my Career Planner prior notice if I decide to change or quit my training program.
8. ☐ I understand and agree that this program is federally funded and that funds may be discontinued without prior notice and WIOA will not be held liable for any debts incurred for training. In this event, I understand that I will be responsible for any further financing necessary to complete my training.
9. ☐ I agree to pay the cost of all classes that are dropped after the school's identified drop/add time frame. If I return to WIOA for additional training services, I will pay the service provider or the training provider directly for all future training costs until the amount I have paid equals the amount I owed from the previous dropped classes. If no additional training is completed, the service provider can seek payment of training costs incurred for the dropped classes.
10. ☐ I agree that once I obtain employment I will report my employment information regarding employer name, address, wages, benefits, start date, etc. to my Career Planner.
11. ☐ I agree that I will continue to provide my Career Planner updates on my employment status every 30 days for up to 15 months following my program participation.

I have read this Student Orientation Agreement in full and understand its contents and voluntarily sign the agreement. I understand that violating any of the above terms and conditions may result in termination from the program.

Participant Signature	Date
Parent/Guardian Signature (if applicable)	Date
Program Staff Signature	Date

**ECM: Student Orientation Agreement**  
**NEworks: Other (Tag: Student Orientation Agreement) Revised 5/1/2020**

## Client Release of Information (FERPA)

To:

\_\_\_\_\_  
(Name of Training Provider)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, and Zip code)

From:

\_\_\_\_\_  
(Name of Participant)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, and ZIP code)

The above named educational institution is hereby authorized pursuant to the Family Educational Rights and Privacy Act (FERPA):

1. To release my social security number to a state unemployment insurance agency or other agency that has access to state unemployment insurance wage records for the purpose of determining my employment status for the purposes of monitoring performance standards.
2. To release information concerning my level of educational attainment at the above referenced educational institution to a state entity monitoring performance standards.
3. To release information concerning any financial aid received regarding the above referenced educational institution to a state entity monitoring performance standards.

This release of information is voluntarily given in accordance with the Family Educational Rights and Privacy Act (FERPA) and information provided there under may only be used for the purposes described in paragraphs 1, 2, and 3 above. This release shall continue in full force and effect until revoked by me in writing. A photocopy of this release shall be as effective as an original.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent/Guardian Signature (if  
applicable)

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Program Staff Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**ECM: Release of Information (FERPA)**  
**NEworks: Release of Information (Tag:**  
**FERPA) Revised 5/1/2020**