



TRAINING LIMIT WAIVER POLICY & PROCEDURE

Adopted: 1-28-16

Background: The Individual Training Award (ITA) Policy authorizes the DCWIB to exceed its \$5,000 local ITA cap. This policy and procedure should be used to determine what waiver, if any may be granted to an eligible Adult, Dislocated Worker or Youth.

Policy: Individuals who have been awarded an ITA in the amount of \$5,000 but who are unable to attend school due to severe financial hardship may be eligible for a waiver, up to an additional \$5,000, when there is no additional household income and the customer is also receiving assistance from one of the following programs:

- Family Assistance/Safety Net
- Medicaid
- Supplemental Nutrition Assistance (SNAP)
- Home Energy Assistance Program (HEAP)
- Supplemental Security Income (SSI)

The purchase of a home, sending a child to college or other significant financial purchase does not create severe financial hardship under this policy.

A waiver will not be granted unless all forms of financial aid have been exhausted. This includes PELL, Veteran’s and Americorp benefits as well as Community and Family Services funds used for training.

Waivers will only be considered when

1. A completed written waiver request (Attachment A) has been received by the Executive Director of the DCWIB from an eligible customer.
2. Funding is available for one hundred percent of all ITA funding requests as of the date of the waiver request (a waiver should not deny another eligible customer of an ITA) and
3. The desired training is on the Dutchess County Demand Occupation List or is a priority occupation for the Hudson Valley Region.

Waiver Amounts: A waiver permitted to a customer enrolled in training which will lead to a credentialed occupation identified as a regional priority may be granted up to an additional \$5,000. A waiver permitted to a customer enrolled in a training which will lead to a credentialed occupation identified as a demand occupation in Dutchess County may be granted up to an additional \$2,500.

Upon receiving a complete waiver request the document will be reviewed along with any notes provided by the One Stop staff and the OSOS documentation. In most cases a decision will be rendered within ten business days. A letter will be sent to the One Stop



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staff notifying them of the decision. If a request is denied, a denial letter will be mailed to the customer that tells the reason(s) why. This notice will also provide instructions to appeal.

Waiver Requests: Customers must seek assistance from One Stop staff in order to submit a waiver request.

Approved waivers will be reported to the DCWIB’s Executive Committee on a monthly basis.



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Attachment A Waiver Request

To be completed by the Customer		
Customer Name	Click here to enter text.	
Course(s)	Click here to enter text.	
Training Provider	Click here to enter text.	
Training Cost:	Click here to enter text.	(enter the cost for each offering on a separate line)
Training Start Date:	Click here to enter text.	(enter the start date of each offering on a separate line)
Training End Date:	Click here to enter text.	(enter the end date of each offering on a separate line)
Credential:	Click here to enter text.	(what certification or degree will this training lead to)
Amount Requested:	Click here to enter text.	
Current Benefits:		
<input type="checkbox"/> Family Assistance or Safety Net	<input type="checkbox"/> Medicaid	<input type="checkbox"/> SNAP
<input type="checkbox"/> HEAP	<input type="checkbox"/> SSI	
Signature:		
Date:		
To be completed by One-Stop Staff		
Customer NY Number	Click here to enter text.	
Eligibility Status		
<input type="checkbox"/> Adult	<input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Youth
Priority Status (per policy)		
<input type="checkbox"/> Veteran or Eligible Spouse Receiving Benefits	<input type="checkbox"/> Non-Veteran Receiving Benefits	
Occupation SOC	Click here to enter text.	
Occupation Title	Click here to enter text.	
Demand occupation for:		
	<input type="checkbox"/> Dutchess County	<input type="checkbox"/> Hudson Valley
Customer file includes a copy of:		
<input type="checkbox"/> Household income	<input type="checkbox"/> Benefit Statement	<input type="checkbox"/> No documentation in file
Signature:		



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Date:		
To be completed by DCWIB		
Number of registered customers in Adult ITA Queue	Click here to enter text.	
Number of registered customers in DW ITA Queue	Click here to enter text.	
Number of registered customers in Youth ITA Queue	Click here to enter text.	
Available Funding Adult:	Click here to enter text.	
Available Funding DW:	Click here to enter text.	
Available Funding Youth:	Click here to enter text.	
Waiver Approved:		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waiver Amount:	Click here to enter text.	
Justification for decision:	Click here to enter text.	
Signature:		
Date:		