# **TRAINING MODIFICATION APPLICATION**

| **Applicant Information** | | | | | | | | | | |
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| Name (First MI Last) | | | | Home Address (Street, City, State, ZIP Code) | | | | | | |
| Home Phone | Cell Phone | | | Date of Birth | | WF1 ID No. | | | Email Address | |
| Petition Number | | Certified Employer Name | | | | | Certified Employer Address (City, State) | | | |
| Employment Agency/Contractor | | | Impact Date | | Certification Date | | | Expiration Date | | Applicant Dates of Employment             - |

| **Dislocated Worker Counselor Information** | | | |
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| Counselor Name | Agency Name | Email Address | Phone Number |

| **Future Employment Outlook** | | | |
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| Employment Goal | Expected Base Salary (Hourly/Annual) | Required Credential for Future Employment | |
| [Labor Market Information (LMI) source Career Profile](https://apps.deed.state.mn.us/lmi/cpt/Search) - use regional/state info only unless willing to relocate - ***must attach copy to training plan*** | Current LMI for Employment Goal (%) | | Median Wage for Future Employment |
| Do you have prior experience in this occupation?   If Yes, explain; if No explain why you are interested. | | | |

| **Training** | | | | | | | | | | | | | | |
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| Training Institution | | | | | Address | | | | | Website | | | | |
| Training Program | | | | | Credential Type | | | | | Student Email Address | | | | |
| Type of Training  Full-time  Part-time  Classroom  Online  Both Classroom and Online | | | | | | | | | | | | | | |
| Start Date of Training | | End Date of Training | | | | Total Weeks | | Student ID | | *Total Training weeks should not include scheduled breaks between terms.* | | | | |
| ***\*Only complete this section if your petition number is between 70,000 and 79,999.\****  *Remedial education is coursework that the training institution requires before entry into college level classes.*  *Prerequisite education is coursework that the training institution requires before entry into the training program.* | | | | | | | | | | | | | | |
| Remedial courses (if applicable) | | | | | | | | | | Total Credits | | | Total Training Weeks | |
| Prerequisite Courses (if applicable) | | | | | | | | | | Total Credits | | | Total Training Weeks | |
| *List the good faith estimate total cost of additional items required by the program. Additional documentation may be required later.* | | | | | | | | | | | | | | |
| **You will need pre-approval before any purchase.** | | | | | | | | | | | | | | |
| **Books** | **Computer** | | | **Software** | | | **Uniform/Clothing** | | **Parking Pass** | | | **Tools** | | **Exams/Licenses** |
| **Program Credits** | | | **Credits to Complete** | | | | **Current Cost Per Credit** | | | | **Good Faith Estimate**  **(Credits to Complete x Cost Per Credit)** | | | |
| **Good Faith Estimate of Total Cost of Training (Cost of tuition + Cost of Additional Items)** | | | | | | | | | | | | | | |
| **Will you need to travel more than 15 miles one way to attend training?**   **If Yes, how many miles one way will you travel?** | | | | | | | | | | | | | | |
| **Is the training institution a public school?** | | | | | | | | | | | | | | |
| **If the training institution is not a public school, provide detailed reasons for choosing a private institution. Most public schools have lower tuition and need to be considered first.** | | | | | | | | | | | | | | |
| **Provide additional reasons for your need to enter training.** | | | | | | | | | | | | | | |

| **Additional Information** | |
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| *Trade Readjustment Allowance (TRA) is income support for customers in TAA-approved training. There are strict eligibility requirement for these benefits. Approval of training does not guarantee your eligibility for TRA benefits.* ***TRA benefits may not last through your training program.*** *What plans do you have to complete training if TRA benefits expire during your training?* | |
| *Questions related to your TRA eligibility should be sent to* [*deed.tra@state.mn.us*](mailto:deed.tra@state.mn.us)*.* | |
| **Dislocated Worker Counselor:** I have discussed the possibility of Additional TRA benefits exhausting and this applicant has a solid plan in place to support themselves without these benefits. Please Initial in the box at right: |  |
| Are there issues that may interfere with training completion?   If Yes, explain the issues and how you will overcome them. | |

| **Checklist** |
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| *Please review the application and make sure all fields are complete. Your application will be returned if you do not answer all questions. Please attach the following documents along with your schedule:*  Training acceptance letter or a copy of your current class schedule  List of program courses, required remedial and/or prerequisite courses, if applicable  Cost of training document from the training institution, including required tools and supplies, if applicable  List of required tools, supplies, uniforms, and other expenses for your program, if applicable  Labor market information for past and future employment  If traveling more than 15 miles, an internet map showing the distance from your home to the training institution  Resume uploaded and printed from [MinnesotaWorks](http://www.minnesotaworks.net/)  A signed and dated employment plan you completed with your counselor  Waiver of Training form, if applicable |

| **Applicant Responsibilities** | |
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| *By checking each box, you understand your responsibility and what the implications are if you fail to comply with each responsibility.* | |
|  | I must maintain contact with my Dislocated Worker Counselor every 30 days, or per counselor instructions. |
|  | I must provide my class schedule and grades to my Dislocated Worker Counselor every term. |
|  | I must provide a copy of the credential I receive at the end of my training to my Dislocated Worker Counselor. |
|  | I must notify and provide employment details to my Dislocated Worker Counselor when I secure employment. |
|  | Failing to do any of the above may result in terminating my TAA benefits, cancellation of my Trade Readjustment Allowance (TRA) and may result in an overpayment charge for TAA/TRA already received. |
|  | I will only be reimbursed for expenses that meet TAA requirements and are pre-approved. |
|  | All equipment, tools, computer, and supplies purchased by the Minnesota Department of Employment and Economic Development (DEED) are for my use only and I am responsible for their reasonable use and care. If I discontinue my training program prior to completion, I must return all equipment, tools, computer and supplies to DEED. Sale, trade or abuse of the equipment, tools, and supplies is considered an illegal act and DEED can press charges for their return. |

| **Approval Process** |
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| *Your training request can be approved if you meet* ***all four*** *criteria.*   1. The request and approval of a modification is before the completion of the original training plan. 2. The training can be completed within the allowed number of weeks outlined above; and 3. The customer either (a) continues the same training program but will receive a different credential, higher or lower, at the completion of the training (b) the customer changes their training program to a similar program in the same occupational field where the transfer of previous credits is acceptable. *Example: a modification from Nursing Assistant to Medical Assistant.* 4. If the customer does not have Unemployment Insurance or Trade Readjustment Allowance benefits through the full period of the plan modification, the must provide information on how they will meet living expenses. |

| **Signatures** | |
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|  | I understand that by signing this application I authorize the release of my student records, contact information, transcripts, and copies of any certifications and or credentials received to the TAA Unit from both the training institution and the Dislocated Worker Program. This authorization is good for one year following the end date of training. By checking this box I am assuring that TAA will provide credential based training funds for my training plan once approved. |
|  | I prefer to receive all required notices, determinations, and decisions by email, rather than by mail. I may change this preference at any time by informing TAA in writing. |
|  | I understand that I am responsible for keeping TAA informed of my current email and mailing address (if I have chosen to receive communications by mail.) This obligation continues for two years after I am no longer enrolled in TAA or receiving benefits, because determinations affecting my eligibility could be issued during that period. If I fail to keep TAA updated about my email or mailing address, I could miss important appeal deadlines. |
|  | I understand that there are penalties for willful misrepresentation made to obtain benefits I am not entitled to. |
| **Applicant** | |
| *Signature/Date* | |
| **Dislocated Worker Counselor – I reviewed the modification and I recommend that the training be approved.** | |
| *Signature/Date* | |
| **TAA Specialist – I approve the request to modify training.** | |
| *Signature/Date* | |