**Customer Choice in Training Form**

**Notice to WIOA Clients:**

Under the Workforce Innovation and Opportunity Act of 2014 (WIOA), you can choose the program and provider for the occupational training you need to meet the goals in your individual plan. In order to use WIOA funds for training, you must choose a training program that has been certified by a Local Workforce Development Board in Virginia. The complete list can be found at <https://www.vawc.virginia.gov/>.

Your case manager will present you with a listing of and information about certified training providers in the Commonwealth of Virginia. Most providers have submitted information showing the success rate their students have reached in completing the program, obtaining a certificate (if needed for that occupation) and getting a job. You can choose the training provider that you feel best meets your needs. Please note, should you select a training program that exceeds the local Individual Training Account funding limit, you will assume the responsibility for paying the difference in cost. Questions pertaining to this form can be emailed to [dremick@arlingtonva.us](mailto:dremick@arlingtonva.us).

-----------------------------------------------------------------------------------------------------------------------------------------------------

As a customer of the WIOA program, I have chosen this training program for my occupational skills training. This was my choice, based on my needs and preferences and the information provided about available providers by my case manager.

|  |  |
| --- | --- |
|  | |
| *Training Provider Chosen* | |
|  | |
| *Training Program Chosen* | |
|  | |
| *Printed Name of WIOA Participant* | |
|  |  |
| *Signature of WIOA Participant* | *Date* |

As a case manager for the WIOA program, I certify that the customer has chosen this training program and provider, based on their own needs and preferences and the information I presented about available providers.

|  |  |
| --- | --- |
|  |  |
| *Printed Name of Case Manager* | *WIOA Service Provider* |
|  |  |
| *Signature of Case Manager* | *Date* |