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Date: October 28, 2010
To: Workforce Development Board Directors
From: Gary Denis, Director
Bureau of Workforce Training
Subject: **WIA Policy Update 10-02 REVISED: Workforce Development Board Completion of Wisconsin Department of Veterans Affairs Retraining Grant Applications, Page 4**

Purpose

To inform workforce development boards about the procedures for completing the Wisconsin Department of Veterans Affairs (WDVA) Retraining Grant Application, WDVA 2019 (12/06) Page 4.

Legislative/Regulatory References

- Department of Veterans Affairs Administrative Code VA 2.03 Retraining Grants
- Wisconsin Department of Veterans Affairs website: www.WisVets.com/RetrainingGrants
- Department of Workforce Development (DWD), Division of Employment and Training (DET), Administrator's Memo Series 10-02 issued February 10, 2010
- Training and Employment Guidance Letter (TEGL) #10-09, "Implementing Priority of Service for Veterans and Eligible Spouses in all Qualified Job Training Program Funded in whole or in part by the U.S. Department of Labor (DOL)" (November 10, 2009)

Attachments

- Retraining Grant Application, WDVA 2019 (12/06)

Background

The WDVA offers job retraining grants to recently unemployed or underemployed veterans in the amount of \$3,000 per year, for a maximum of two years, if they have a financial need while being retrained for employment. Interested veterans are required to complete a Retraining Grant Application, WDVA 2019 (12/06). Page 4 of the application requires veterans to obtain financial aid information and sign-off from the Workforce Investment Act (WIA) and Trade Adjustment Act (TAA) Programs.

Policy

Completion of the Retraining Grant Application, Page 4 will be coordinated by the one stop center's Local Veterans' Employment Representative (LVER). In one stop centers without LVERs, signatures will be coordinated by the Disabled Veterans' Outreach Program (DVOP) specialist. A WIA and TAA employee will be identified for each one stop center and that is who the LVER/DVOP will work with to obtain the information and signature required on Page 4. The LVER/DVOP will return the completed Page 4 to the WDVA within 5 working days. In cases where the veteran is not currently enrolled in WIA or TAA but is interested in becoming a participant, then eligibility determination must be completed by the partner program first and then the LVER/DVOP will return the completed Page 4 to the WDVA

within 30 working days. Eligibility determination is a pre-requisite before funds can be identified as available for the veteran.

There must be only one signed-off Retraining Grant Application per veteran per training period. In other words, multiple Retraining Grant applications with each reporting the availability of a different fund source is not accepted by the WDVA.

WIA and TAA funds cannot be delayed or with-held from the veteran with the belief that they can get a WDVA retraining grant instead. The concept of WIA being the "last payer of choice" does not apply to veterans because they qualify for priority of services as outlined in TEGL 10-09.

A veteran receiving WIA, TAA, and other one stop center funds will not be excluded from also receiving WDVA retraining funds. In fact, WDVA will factor aid in from other sources when determining the amount of the veteran retraining grant to be awarded. Therefore, the following applicable funding scenario and detail should be reported for WIA and TAA on Page 4 because it will help WDVA determine the amount of WDVA retraining funds they will award to the veteran:

- Funds are available – Under comments, provide a breakdown of each allowable item (tuition, books, fees, childcare, transportation, and other training supportive costs) and the date and amount of availability for these funds.
- Funds are available but limited – Under comments, provide what funds could pay for such as books only or transportation only and the date and amount of availability for these funds.
- Funds are currently being spent on the veteran – Under comments, provide a breakdown of each item and the dates and amount of the expenditures.
- No funds are available – Under comments, indicate the reason why which could be either the veteran is not eligible for the program, is not interested in the program, or the program does not have funds available to train the veteran. Obligated funds are considered not available funds. Using language that "currently there are no funds available" is acceptable to WDVA for processing an application because WDVA is only looking for current information. This means the status of fund availability should reflect what is accurate on the day of the grant application completion so even if additional WIA funds become available (e.g., de-obligated, new program years are awarded, etc.) after the application is approved, that does not count.

Monitoring

DWD will monitor to ensure that WDAs are complying with the instructions contained in this communication. Monitoring will be completed by the DET Local Program Liaisons (LPL) through feedback from WDVA, LVERs, and DVOPs.

Action Required

Within 30 days of receiving this communication, the WDB should submit a list of their one stop center locations with the title and contact information for who will sign off on Page 4 of the retraining grant application for the WIA program. This list should be submitted to the LPL. The LPL will share these names with the State Office of Veterans Services regional supervisors so they can then share this information with the LVERs and DVOPs coordinating the forms.

Questions and/or Technical Assistance and Training

If workforce development boards need additional information regarding this communication, they should contact their LPL.



RETRAINING GRANT APPLICATION

COUNTY
 NUMBER

The information we request here is authorized for collection by Ch. 45, Wis. Stats., ss. VA 1.02, Wis. Adm. Code and is used to determine eligibility for department programs. Completion of this form is voluntary; however, failure to furnish the requested information may result in denial of eligibility for programs. Personally identifiable information collected on this form is not likely to be used for any other purpose.

Under the Civil Rights Act, at 42 USCS 2000 e-2, this department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the provision of services. Under s.111.321, Wis. Stats., no employer may engage in any act of employment discrimination on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, arrest record, conviction record, membership in the national guard, state defense force or any reserve component of the United States or this state, or use or nonuse of lawful products off the employer's premises during nonworking hours, subject to certain exceptions enumerated at ss.111.33 to 111.36, Wis. Stats.

NAME OF VETERAN			NAME OF CO-APPLICANT		
Last	First	Middle	Last	First	Middle
Address			Years at this address _____		<input type="checkbox"/> Rent
Street _____			City _____	State _____	Zip _____
<p>If the applicant is married and not in the process of obtaining a divorce, the applicant's spouse must complete the co-applicant column.</p>					
VETERAN <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated Unmarried includes single, widowed and divorced.			CO-APPLICANT <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated Unmarried includes single, widowed and divorced.		
Date of Birth _____		Home Telephone () _____	Date of Birth _____		Home Telephone () _____
Social Security # _____		VA Claim # _____	Social Security # _____		VA Claim # _____
Email Address _____			Email Address _____		

DEPENDENTS OTHER THAN SPOUSE		
NAME AND RELATIONSHIP	DATE OF BIRTH	ADDRESS (IF DIFFERENT FROM VETERAN)

LIQUID ASSETS Checking account balances, savings account balances and the value of securities (stocks, bonds, CDs, mutual funds, etc.) must be shown below. Do not include assets in retirement accounts (IRAs, 401K accounts, etc.). Checking and savings balances must be filled in. If none, please write none.

TYPE OF ASSET	FINANCIAL INSTITUTION/NAME OF STOCK, ETC.	CURRENT VALUE OR BALANCE
		\$
		\$
		\$

UNUSUAL EXPENSES Please list required medical or dental expenses or alimony payments only incurred or to be incurred during the period of your retraining.

ITEM	MONTHLY COST
	\$
	\$

PREVIOUS EDUCATION Prior to the retraining for which you are currently enrolled or for which you will be enrolled, what is the highest level of education you have completed:

- Less than High School High School Associate Degree
 Bachelor Degree Master's Degree Other: _____

WARNING: You are not eligible to receive a Retraining Grant if you receive any reimbursement under the Veterans Education (VetEd) Grant Program for courses completed during the same semester(s) for which you request a Retraining Grant.

INCOME					
TYPE	WHOSE?		GROSS MONTHLY	SOURCE	WILL IT STOP? WHEN? Date
	Vet	Co-ap			
Wages	<input type="checkbox"/>	<input type="checkbox"/>	\$	Employer and Address	
Wages	<input type="checkbox"/>	<input type="checkbox"/>	\$	Employer and Address	
Unemployment Insurance Comp.	<input type="checkbox"/>	<input type="checkbox"/>	\$	Employer and Address	
Sickpay	<input type="checkbox"/>	<input type="checkbox"/>	\$	Employer and Address	
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$	Employer and Address	
Non-VA Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$	Source	
Regular S.S.	<input type="checkbox"/>	<input type="checkbox"/>	\$	FEDERAL GOVERNMENT	
Dis. S.S. (SSD)	<input type="checkbox"/>	<input type="checkbox"/>	\$	FEDERAL GOVERNMENT	
Supp. S.S. (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	FEDERAL GOVERNMENT	
VA Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$	FEDERAL GOVERNMENT	
AFDC	<input type="checkbox"/>	<input type="checkbox"/>	\$	FEDERAL GOVERNMENT	
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	\$	FEDERAL GOVERNMENT	
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	\$	Property Address <input type="checkbox"/> I pay utilities <input type="checkbox"/> Tenant pays	
Dividends/Interest	<input type="checkbox"/>	<input type="checkbox"/>	\$	Type of Asset	
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$		

EMPLOYMENT The RTG is restricted to those who became unemployed, underemployed or received a notice of termination of employment within the period beginning one year (365 days) prior to the date the application is received at WDVA, Madison. The applicant must have been employed for at least six consecutive months with the same employer or in the same or similar occupations and at least one day of that employment must have been within the period beginning one year prior to the date the application is received at WDVA, Madison. A person who is "underemployed" is one whose current annual income from employment does not exceed federal poverty guidelines. To qualify for the RTG, an underemployed applicant must have experienced a reduction of income during the year prior to the date the application is received at WDVA. The loss of employment or the reduction of income must not have been caused by the voluntary actions of the veteran.

Please list all employers for whom you have worked in the past year.

Employer/City	Starting Date	Ending Date*	Monthly Gross	Reason for Leaving or Reduction of Income
1.			\$	
2.			\$	
3.			\$	

*or date income was reduced.

If the most recent employment or the employment at which you worked for at least six months was self employment, you must submit a copy of the tax returns on which you reported the self employment income.

EXPECTATIONS Please explain briefly how this training/education will lead to gainful employment.

APPLICANT'S SIGNATURE I certify that I have read or have had read to me all questions from this application and that the answers are true and complete to the best of my knowledge and belief.

Signature _____ Date _____

WARNING: If you knowingly make any false statement or submit fraudulent evidence in connection with this application, you are subject to severe penalties provided by law including fine, imprisonment or both and suspension of all veterans' benefits from the department.

Veteran's Name _____
WDVA Base File # _____

WORKFORCE DEVELOPMENT: VERIFICATION OF AVAILABLE AID

Students *must* apply for all financial assistance available during the school period, and all available financial aid must be reported including aid identified below in 2(a) and 2(b).

1. Total length of training program: From: _____ To: _____
2. Total anticipated financial aid (in addition to the WDVA Retraining Grant) that the veteran will receive during the above training period. Please identify date(s) the aid will be received.
 - a. Workforce Investment Act (WIA) Aid: \$ _____ Date: _____
 - b. Trade Adjustment Act (TAA) Aid: \$ _____ Date: _____
 - c. Other aid available through DWD: \$ _____ Date: _____

COMMENTS:

Signature of WIA Official _____
Email Address: _____

Title _____ Date _____
Telephone: () _____

Signature of TAA Official _____
Email Address: _____

Title _____ Date _____
Telephone: () _____

(Contact a WIA service provider, TAA service provider, or Veterans Employment Representative at your local Wisconsin Job Center. Visit www.dwd.state.wi.us/dws/directory/ or call 1-888-258-9966 for the phone number and address of your nearest Wisconsin Job Center.)