

## **Title I Waiver Policy**

### **Purpose:**

The purpose of this policy is to provide guidance regarding Title I waiver requests for WIOA Adult, Dislocated Worker, and Youth eligible/enrolled participants, along with other funding streams.

### **Audience:**

- Title I Staff
- NWPA Job Connect Staff

### **Policy:**

Title I staff must request a waiver for WIOA eligible/enrolled participants under the following instances:

1. Selective Service Non-Registration- see Selective Service Registration Policy
2. Supportive Services needed are above the maximum amount noted in the Supportive Services Policy.
3. Request for more than one ITA as noted in the ITA policy.
4. Incumbent Worker Training (IWT) Funding Exceptions, as noted in the Training Policy Book.
5. Customized Job Training (CJT) Funding Exceptions, as noted in the Training Policy Book.
6. OJT??

See Appendices for specific procedures and documentation needed for each type of waiver request.

## **REFERENCE**

NWPA Job Connect Selective Service Registration Policy

NWPA Job Connect Supportive Services Policy

NWPA Job Connect Training Policy Book

## **HISTORY**

| Name           | Date       | Rev. Level | Description of change | Effective Date |
|----------------|------------|------------|-----------------------|----------------|
| Susan Richmond | 01/12/2026 | A          | New policy            | 08/01/2026     |
|                |            |            |                       |                |



## **Appendix A: Supportive Services**

Title I staff will complete the top portion of this document and return it to [csymes@nwpajobconnect.org](mailto:csymes@nwpajobconnect.org)

**Participant Name:**

**PID #:**

**Date of Request:**

**Who Requested:**

**Answer the following questions:**

What items were received under the original allotment?

When were items received?

What other items are needed?

Why are these items needed?

Have other funding sources been reviewed? List the resources reviewed.

Provide any other documentation needed to support your request.

**NWPA Job Connect Section:**

Date received:

Date of response:

Approved

Denied

If approved, dollar amount approved \$\_\_\_\_\_

NWPA Job Connect staff will email a waiver response letter to Title I within 48-72 hours of receipt.



## Appendix B: ITA-

Title I staff will complete the top portion of this document and return it to [csymes@nwpajobconnect.org](mailto:csymes@nwpajobconnect.org)

**Participant Name:**

**PID #:**

**Date of Request:**

**Who Requested:**

### Answer the following questions:

Provide proof of the successful completion of all prior ITA funded training.

How much funding remains of the \$5500 max?

What is the career pathway for this participant?

Which program and training provider?

Provide any other documentation needed to support your request.

### NWPA Job Connect Section:

Date received:

Date of response:

Approved

Denied

If approved, dollar amount approved \$ \_\_\_\_\_

NWPA Job Connect staff will email a waiver response letter to Title I within 48-72 hours of receipt.



## Appendix C: IWT

Title I staff will complete the top portion of this document and return it to [csymes@nwpajobconnect.org](mailto:csymes@nwpajobconnect.org)

**Participant Name:**

**PID #:**

**Date of Request:**

**Who Requested:**

### Answer the following questions:

Employer name, address, phone number

Contact person

# of employees

How many incumbent workers are involved in training?

Who is the training provider?

What is the cost of training?

Explain why additional funding is needed.

How many IWTs will be completed with the additional funding?

What is the time frame for completing the training?

What are the expected outcomes- wage increases, maintaining employment, promotions?

Provide any other documentation needed to support your request.

### NWPA Job Connect Section:

Date received:

Date of response:

Approved

Denied

If approved, dollar amount approved \$ \_\_\_\_\_

NWPA Job Connect staff will email a waiver response letter to Title I within 48-72 hours of receipt.



## Appendix D: CJT

Title I staff will complete the top portion of this document and return it to  
csymes@nwpajobconnect.org

**Participant Name:**

**PID #:**

**Date of Request:**

**Who Requested:**

**Answer the following questions:**

Employer name, address, phone number

Contact person

# of employees

How many workers are involved in the training?

What skill set will trainees learn?

Who is the training provider?

What is the cost of training?

What is the time frame for completing the training?

What are the expected outcomes- wage increases, maintaining employment, promotions?

Explain why additional funding is needed.

Provide any other documentation needed to support your request.

**NWPA Job Connect Section:**

Date received:

Date of response:

Approved

Denied

If approved, dollar amount approved \$ \_\_\_\_\_

NWPA Job Connect staff will email a waiver response letter to Title I within 48-72 hours of receipt.