



Workforce Investment Act (WIA) Youth Statements of Customer Understanding

Please read each paragraph below. After reading each one, put your initials next to each paragraph. If it doesn't make sense to you, ask the person who's helping you to explain it. Your initials confirm that you have read and understand your responsibilities in each paragraph. Complete both pages of this form. Thank you.

I understand that these are the expectations of my participation in the WIA program:

_____ The WIA program is funded by the US government to help me identify my career goals and prepare me to work. WIA also helps me find training and work opportunities that fit those goals, and follows up with me to make sure everything's going as planned.

_____ I will submit documents for WIA or TANF program eligibility as requested, and will bring the documents timely.

_____ I will submit paperwork as requested to show my progress in the WIA program.

_____ I will be on time for scheduled appointments, for work, and for training classes.

_____ I will attend every appointment scheduled with my Career Advisor or Vendor or will contact my Career Advisor or Vendor before or soon after the appointment to reschedule it if I am unable to attend.

_____ My personal situation and WIA program plan may be different from others who have been approved for WIA. That may include the type and amount of program help, when it is received, and the outcome(s).

_____ I will actively seek a job and keep track of all of the contacts I make with employers, interviews I have, etc. I understand that my job search process is ongoing. I will bring a list of current job search contacts, interviews, etc. every time I come to meet with my advisor.

_____ In order to move forward, I will complete the activities my Career Advisor or Vendor and I decide will help me with training programs, getting ready to work, and finding jobs.

_____ I will not ever start a training program expecting WIA to pay for it until I have been officially told that I am approved for the program. If I start a training program before I receive official approval, I take all financial responsibility for that training, including any costs or fees.*

_____ I understand that these are the expectations of my participation in the WIA program

(continued on the next page or reverse)



_____ WIA Scholarship funds cannot be used after the fact or to reimburse me for any reason.*

_____ If I plan to apply for WIA Scholarship funds, I will fill out the Free Application for Federal Student Aid (FAFSA) and bring paperwork to prove my financial aid eligibility.*

_____ I can only apply for WIA Scholarship funding in approved occupations in high-growth industries or work fields, and at training programs approved by WIA.*

I have read and understand the above paragraphs and expectations. I understand that if I don't follow all of them, I could be terminated from the WIA program.

Customer Printed Name

Last 4 Digits of SSN

Customer Signature

Date

Parent/Guardian Printed Name (if applicable)

Date

Parent/Guardian Signature (if applicable)

Date

Staff Signature

Date