



**RECEIPT AND STATEMENT
OF
WIOA YOUTH PRE/POST SERVICES**

I, _____ understand that as a participant in the WIOA Youth Program, which is federally funded by the Workforce Innovation and Opportunity ACT (WIOA), I am eligible to receive services under the following ten (14) program elements:

1. Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies;
2. Alternative secondary school services or high school dropout recovery services;.
3. Paid and unpaid work experience;
4. Occupational skills training;
5. Education offered concurrently with and in the same context as workforce preparation and training;
6. Leadership development opportunities;
7. Support Services;
8. Adult mentoring;
9. Comprehensive guidance and counseling;
10. Financial literacy education;
11. Entrepreneurial skills training;
12. Career Awareness, Career Exploration, and Career Counseling;
13. Postsecondary preparation and transition activities; and
14. Follow-up services.

I also understand that I must consult with my WIOA Youth Program Provider in order to receive any of the above services. I understand that any service or services that I receive will be based upon my assessment results, achieving the goals listed in my Individual Service Strategy (ISS), and funding availability.

I also understand that signing this statement does not constitute or create a guarantee of services listed in above program elements. I understand that my participation may be terminated with or without notice if I fail to comply with my WIOA Youth Program Provider.

Participant Signature

Date

Career Planner Signature

Date

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