

## DECLARATION STATEMENT/ PARTICIPANT AGREEMENT

*Please initial each topic as you complete reading and asking any questions you may have.*

### **PURPOSE OF PARTICIPATION**

I understand the ultimate purpose of my participation in the Workforce Innovation and Opportunities Act program is to obtain my diploma or HSE as well as to obtain and maintain employment.

### **ORIENTATION**

I have been provided information about the purpose of the Workforce Innovation and Opportunities Act, the type and extent of services and training available, and the telephone number and address of the Missouri Job Center.

### **INDIVIDUAL SERVICE STRATEGY**

I have participated in the development of my Individual Service Strategy (ISS) and I am committed to achieving the goals I have set.

### **MAINTAIN MONTHLY CONTACT WITH YOUR CAREER MANAGER**

I understand it my responsibility to keep regular contact and maintain all scheduled appointments with my Career Manager until I reach my goals or I am exited from the program. Once exited, I will be in Follow-Up services for 12 months, and will be required to maintain contact throughout this period. Failure to participate in services for 90 days will result in transition to follow-up.

### **CHANGES AFFECTING PARTICIPATION**

I will inform my Career Manager of changes affecting my participation in my plan of service. Some examples are: illness, accident, dropping out of school, obtaining employment, changes in family status, and changes in contact information such as address or phone number.

### **GUARANTEE OF SERVICES**

I understand that Workforce Innovation and Opportunities Act funded services are NOT guaranteed and I do not have legal entitlement rights to Workforce Innovation and Opportunities Act services continuation in program depends upon the availability of funds and the amount of funds available which will change throughout the year.

### **LABOR MARKET INFORMATION**

I have been informed of the labor market and the possibilities concerning non-traditional employment.

### **SELECTIVE SERVICE**

I understand, by law, all males are required to register with selective service upon reaching their 18<sup>th</sup> birthday.

### **CONFIDENTIALITY**

I understand that both the Central Region Youth Program staff and I will maintain confidentiality with regard to WIOA Services received as part of this program.

### **ACKNOWLEDGEMENT OF UNEMPLOYMENT INFORMATION**

I was informed that pursuant with WIOA regulations, that I am not eligible for Unemployment Insurance Benefits.

Do you have any relatives or household members working for the Missouri Job Center or Central Workforce Development Board? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name and relationship:

Name

Relationship

**I declare that the information above is true and accurate to the best of my knowledge.**

Applicant Signature

Date

Staff Signature

Date