



South Central Workforce

MIS Enrollment Transmittal

WIOA Adult, Dislocated Worker, Youth, and Other Programs

Date:

Verified By:

	Youth	Adult	DW
PPP			
OTHER - MISC			

ETO Case Number	Participant Name	Enrollment Date	Completed in ETO							OTHER	Documents or Comments
			Eligibility App. TP			Program Enrollment TP	IPP TP	Obj. Assessment TP (Youth Only)	Revised IPP		
			Supporting Documentation is Uploaded in ETO	Date Supporting Documentation was Uploaded	Eligibility App. is Signed & Dated in ETO by Participant and CM						

Notes:

SCW ONLY
Date Stamp:

SCW Review Initials: _____