WIOA Opt-Out or Cannot be Located for Follow-Up Services Form



Name of Participant:						Seeker ID#:		
Program Exit Date:						Agency:		
			p Services					
CouHelProPro	unsel abo p secure ovide info ovide ref	out and ase better particular par	nclude one or ssist with work aying jobs and on additional o ther commun support group	k-related additior educatio ity servio	l problems; nal career p nal or emp		nities;	
			•			of the WIOA Prog yment informatio	ram, but have declined those on.	
Participant Signature						Date		
Staff Signature						Date		
☐ Cannot					∩R			
Reasonable a	ttempts	to reach t	he participant	t have be	een made a	nd are document	ted below:	
Outreach Method:							Date:	
\square Phone call	□Text	□Email	\square Employer	□Visit	□Other_			
\square Phone call	□Text	□Email	□Employer	□Visit	□Other_			
☐Phone call	□Text	□Email	□Employer	□Visit	□Other_			
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\square Phone call	□Text	□Email	□Employer	□Visit	□Other_			
☐Phone call	□Text	□Email	□Employer	□Visit	□Other_			
Staff Signatur	e					Date		