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

Name of Participant:_____ Seeker ID#:_____

Program Exit Date:_____ Agency:_____

☐ Opt-Out of Follow-Up Services

Follow-up WIOA Services may include one or more of the following:

- Counsel about and assist with work-related problems;
- Help secure better paying jobs and additional career planning;
- Provide information on additional educational or employment opportunities;
- Provide referrals to other community services;
- Connections to peer support groups.

I have been offered to receive follow-up services from the staff of the WIOA Program, but have declined those services. I understand I may still be contacted to provide employment information.

_____ _____

Participant Signature Date

_____ _____

Staff Signature Date

OR

☐ Cannot be Located

Reasonable attempts to reach the participant have been made and are documented below:

Outreach Method: Date:

☐Phone call ☐Text ☐Email ☐Employer ☐Visit ☐Other_____

☐Phone call ☐Text ☐Email ☐Employer ☐Visit ☐Other_____

☐Phone call ☐Text ☐Email ☐Employer ☐Visit ☐Other_____

☐Phone call ☐Text ☐Email ☐Employer ☐Visit ☐Other_____

☐Phone call ☐Text ☐Email ☐Employer ☐Visit ☐Other_____

☐Phone call ☐Text ☐Email ☐Employer ☐Visit ☐Other_____

_____ _____

Staff Signature Date