PIEDMONT Workforce Network

Workforce Innovation and Opportunity Act (WIOA) Follow-up Agreement

Participant Name: ____

WIOA Program: ☐ Adult ☐ Dislocated Worker ☐ Youth

You have agreed to be enrolled in the Workforce Innovation and Opportunity Act (WIOA) Program operated by the Piedmont Workforce Network. To participate in this program you agree to:

- Maintain regular contact with your case manager at least once a month;
- Meet face-to-face with your case manager every 60 to 90 days;
- Participate in the program until training is successfully completed and employment is secured;
- Once exited, maintain contact with the follow-up case manager every 3 months.

If for some reason you are not able to be reached the people listed below will be contacted. Please inform the people you list below that you are participating in WIOA services. When the follow-up case manager contacts you, that person will ask you for specific employment information, including: name of your employer, work address, hours worked, and wages. It is a requirement of the program that the follow-up case manager collect this information from you or your alternative contacts. It is expected that you communicate with the follow-up case manager as part of your participation in WIOA which you have elected to participate in. Thank you for your cooperation.

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Please list three alternative contacts that we can contact to reach you.

Name	Relationship	Complete Address (Street/City/State/Zip)	Phone Number (Include Area Code)	Email Address
			( )	
			( )	
			( )	

I attest that the information listed above is correct and I will abide by the requirements of the Workforce Innovation and Opportunity Act.

Signature of Participant _Date_

Printed Name of Participant

The follow-up agreement has been explained and a copy has been given to the participant.

Signature of Case Manager _Date_

Printed Name of Case Manager