



PARTICIPATION AGREEMENT

The FORWD program is committed to providing you with case management, employability skills, job training, and placement services. You must make every effort to succeed and complete the FORWD Program. As a participant, you are obligated to abide by the requirements listed below.

Participant Requirements:

- Maintain frequent and regular communication, with your Program Specialist regarding progress and challenges. If you need to meet with your Program Specialist, please notify them to schedule an appointment. It is at his/her discretion if they will accept a walk-in.
- If you have any changes to your contact information, employment, or training program status, please notify your Program Specialist immediately, so that your information and status can remain up to date.
- Attend and take an active part in training and development programs. You are expected to be on time for all scheduled appointments. Please reach out if you will be late.
- Provide necessary documents and information as requested by your Program Specialist.
- Use supportive services only for FORWD program activities, if applicable.
- If attending a post-secondary institution for training, apply for financial aid and report notice of award or denial of financial aid application to Program Specialist.
- An absence from a training program may result in termination from the training program. If you are unable or unwilling to complete your training, you may not be eligible for another training session and only with the approval from Employ Milwaukee FORWD Program Manager.
- This is a voluntary program, and you can choose to resign at any time.

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Employ Milwaukee Requirements:

- Maintain frequent and regular communication regarding progress and challenges.
- Provide the necessary tools and guidance for you to achieve your employment goals.
- Maintain confidentiality regarding your personal information.
- Terminate participants whom, at any time, do not comply with the policies and procedures of the FORWD program.

Participant Name (Please print) _____

Participant Signature _____ Date _____

Program Specialist Name (Please print) _____

Program Specialist Signature _____ Date _____

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (414)-270-1726 for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (414)-270-1726 para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib cov lus tseem ceeb qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

Form Date: 06.01.25