



## RECEIPT FORM AND STATEMENT OF WIOA YOUTH PRE/POST SERVICES

I, \_\_\_\_\_ understand that as a participant in the WIOA Youth Program, which is federally funded by the Workforce Innovation and Opportunity ACT (WIOA), I am eligible to receive services under the following ten (14) program elements:

1. Tutoring, study skills training, and instruction leading to secondary school completion.
2. Alternative secondary school offerings.
3. Summer employment opportunities.
4. Paid and unpaid work experiences.
5. Occupational skills training.
6. Leadership development opportunities.
7. Support Services.
8. Adult mentoring.
9. Follow-up services.
10. Comprehensive guidance and counseling.
11. Financial literacy education.
12. Entrepreneurial skills training.
13. Services that labor market and employment information about in-demand industry sectors or occupations available in the local area such as career awareness, career counseling, and career exploration services.
14. Activities that help youth prepare for and transition to postsecondary education and training.

I also understand that I must consult with my WIOA Youth Program Provider in order to receive any of the above services. I understand that any service or services that I receive will be based upon my assessment results, achieving the goals listed in my Individual Service Strategy (ISS), and funding availability.

I also understand that signing this statement does not constitute or create a guarantee of services listed in above program elements. I understand that my participation may be terminated with or without notice if I fail to comply with my WIOA Youth Program Provider.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date

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