PARTICIPANT GUIDELINES & EXPECTATIONS FOR SATISFACTORY PROGRESS

For Adults, Dislocated Workers, and Youth

The Workforce Innovation and Opportunities Act (WIOA) is a federally funded program designed to increase employment, retention, and earnings of participants, and in doing so, improve the quality of the workforce to sustain economic growth, enhance productivity and competitiveness, and reduce welfare dependency. Employment, training, and human services programs, are streamlined through integration into a customer oriented One-Stop Delivery System. The program assists employers in meeting their employee needs, as well as universal access to job seekers interested in **core services** (information about job vacancies, career options, student financial aid, labor market information or trends, instructions on how to conduct a job search, write a resume, or interview with an employer). Eligible job seekers in need of staff intensive assistance, may receive **intensive services** or **training services**, where indicated. Eligible youth may also receive needed services.

Local entities managing the One-Stop Delivery System hold accountability for performance measures/standards, consistent with the goals of the program. Therefore, **it is imperative that you work with the workforce development staff** involved in helping you to achieve your employment and self-sufficiency goals. **You must be committed to achieving your goals and demonstrate worthiness of the public resources invested in your future.**

As a WIOA Participant, **your signature at the bottom of this document indicates your agreement to follow the Participant Guidelines & Expectations for Satisfactory Progress** set forth herein; as designed to help you achieve your desired goals.

- Participants are required to work with their assigned Case Manager (or other Workforce Development Staff) dedicated to assisting with achievement of the desired intermediate and long-term goals.
- Participants are required to submit time and attendance/progress reports for **all** training activities. Schedule for submission of the time and attendance/progress reports is the responsibility of the Case Manager.
- All opportunities for training services will be based on the Individual Employment Plan (IEP) and **MUST BE APPROVED** by a Training Services Committee; and no less than an 85% participation in **all** scheduled services/activities; and there are documented commitments while in intensive services; **AND all of the following have been satisfied**:
    - No suitable employment is available in local area based on skill set;
    - Reasonable expectation of employment following successful completion of training;
    - Training is reasonably available;
    - Qualified to undertake *AND* complete the training;
    - Must be able to sustain household while in training;
    - Understand that courses/classes that are dropped or failed will not be covered by WIOA when retaken. A request for a waiver when extenuating circumstances exist must be submitted to the WD Administrator, prior to

approval for WIOA to pay for a retake;
  - Participants are expected to complete training in the allotted timeframe for such curriculum. Any extension beyond such time must be approved by the WD Administrator;
  - Participants are required to submit copies of all certifications/certificates/ licenses/diplomas/etc. related to training services to their Case Manager immediately upon receipt of such documents;
  - Upon securing employment, participants are to notify applicable WIOA Staff immediately.
- Upon completion of training services and the applicable goals of the IEP have been attained, and/or no other services are planned, then follow-up services must be provided. Participants are expected to stay in touch with their follow-up staff for a full 12 months after completing the WIOA program.

NOTE: FAILURE TO FOLLOW THESE EXPECTATIONS MAY HAVE AN EFFECT ON YOUR CONTINUED PARTICIPATION IN THE WIOA PROGRAM.

INITIAL ONE OF THE STATEMENTS BELOW:

_____ **I HAVE READ the Participant Guidelines & Expectations for Satisfactory Progress**. I understand and agree to follow the Participant Guidelines & Expectations for Satisfactory Progress as outlined herein.

_____ **I HAVE BEEN EXPLAINED the Participant Guidelines & Expectations for Satisfactory Progress.** I understand and agree to follow the Participant Guidelines & Expectations for Satisfactory Progress as explained to me.

Participant Signature:_____ Date:_____

Printed Participant Name: _____

Parent/Guardian Signature:_____ Date: _____

Printed Parent/Guardian Name: _____

Case Manager Signature:_____ Date: _____

Printed Case Manager Name: _____