

Central Missouri Region Workforce Investment Area
Central Missouri Community Action

WIA Service Agreement Form

I, _____, understand that I have been enrolled into a Workforce Investment Act (WIA) program.

This federally funded program may include:

1. Assistance in obtaining employment information.
2. Formal and/or informal classroom training.
3. Paid Work Experience or On-The-Job Training with an employer.
4. To understand that Workforce Investment Act funding has paid employment and training costs on my behalf. These costs may include: reimbursements to employers; paid tuition; paid support services; paid staff to assist me and all associated costs, i.e. building rent, mail, and telephone costs, etc.

In order for me to receive this funding I agree to:

1. Provide **MONTHLY** information as requested by the agency and staff who assisted me in using and obtaining these funds.
2. Provide information regarding my employment or unemployment status. This will include the employer name, address, dates of employment, hours worked, and wages earned.
3. Contact the WIA funding agency and inform them of **ANY** changes, i.e. changes to address, phone, family size, marital status, employment or training, etc.
4. Stay actively engaged in my employment and training activity or re-engage if necessary.

I, _____, further understand and agree that should I leave the program for any cause, willingly or unwillingly, I will continue to provide information as described above even if I no longer live within the region or state.

I, _____, agree and understand the statements of this form. I also understand that this policy will be in effect during my active participation in the program **and** during my follow up period, which is **UP TO TWO (2) YEARS FOLLOWING THE CLOSURE OF MY ACTIVE FILE.**

I HAVE RECEIVED A COPY OF THIS AGREEMENT.

Participant Signature

Date

Parent's Signature (If participant is under 18)

Date

Staff Signature

Date