SC WORKS LOWER SAVANNAH

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LOWER SAVANNAH COG Council of Governments

Receipt of Information Form

Note: *Prior to signing and explaining of services to be received by the Career Services Contractor, an original signed copy of the WIOA Orientation Form must be in the participant's file.*
The following items concerning the Career Services component of the Workforce Innovation and Opportunity Act WIOA) Program, of which I am enrolled, were discussed during the Orientation Process:

1.	Career Services Objectives	☐
2.	Training Services Objectives	☐
3.	Length and Schedule of Training	☐
4.	Evaluation	☐
5.	Attendance Policy	☐
6.	Tax Forms, when applicable, i.e., I-9 Form, 1099 Form, etc.	☐
7.	Participant Responsibilities	☐
8.	Supportive Services	☐
9.	Job Placement Assistance	☐
10.	12 Month Follow-up Requirement	☐
11.	EEO Grievance Procedures (Copy Given)	☐

I, _____ , certify that I have reviewed with a representative
Customer's Printed Name

of _____ , and understand the above items.
Agency's Printed Name

I further understand that this signed Receipt of Information Checklist will become part of my official WIOA Participant Case File, and acknowledge receipt of the items/information above.

_____ _____

Customer's Signature Date Signed

_____

Printed Name of Career Development Facilitator

_____ _____

Signature of Career Development Facilitator Date Signed