

Follow-up Agreement GenerationGo! 290 North D Street, Suite 600 San Bernardino, CA 92415 (909) 387-9859

High Deser	t AJCC
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UWest Valley AJCC

East Valley AJCC

Youth Provider: \_\_\_\_

WIOA is a federally funded program, which requires monitoring the progress of our participants, including employment verification, for one year after exiting the program.

PLEASE PRINT – PARTICIPANT NAME (FIRST, MI, LAST)			PARTICIPANT'S SOCIAL SECURITY NUMBER		
Participant Release of Information Statement:					
As an enrollee in the WIOA program, I agree to notify your office if my address changes. I also agree to provide information including my employer's name, address, and phone number, the number of hours I am working, my start date, my rate of pay, and my job description.					
I hereby give permission to the San Bernardino County Workforce Development Department to perform employment status checks on 'The Work Number' using my social security information for the full duration of my participation in the WIOA program.					
I also hereby give permission to my employer to release information regarding my employment and earnings to the San Bernardino County Workforce Development Department's WIOA program. I understand that the information I provide will be kept strictly confidential.					
PARTICIPANT'S SIGNATURE			DATE SIGNED		
PARENT AND/OR GUARDIAN SIGNATURE (If the Participant is under the age of 18)			DATE SIGNED		
AJCC STAFF SIGNATURE			DATE SIGNED		
Nepotism – Please read and answer the questions below:					
1.	Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an elected City or County official?				
	Yes No If you answered "yes," what is his/her name, elected title and relationship to you?				
2.	Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an employee of a City, County or WIOA-funded organization?				
Contact Information – Please list two people who do NOT live in your household and will always know how to contact you.					
Contact	FIRST AND LAST NAME	EMAIL ADDRESS	TELEPHONE NUMBER		
1.	ADDRESS	CITY	STATE AND ZIP CODE		
	FIRST AND LAST NAME	EMAIL ADDRESS	TELEPHONE NUMBER		
2.	ADDRESS	CITY	STATE AND ZIP CODE		