

CLIENT INVOLVEMENT STATEMENT**CLIENT INVOLVEMENT STATEMENT**

I certify that my Individual Employment Plan (IEP)/Individual Service Strategy (ISS) is an agreement created in consultation with my Case Manager. I agree to the following:

- The employment goals and service strategies included above are my choice and the plan is consistent with my assessment results, interview, and/or evaluation.
- The information I provided is true and correct to the best of my knowledge and there is no intent to commit fraud.
- I am aware that the information I have provided is subject to review and verification, and I may be required to provide supporting documentation for accuracy. If I am found ineligible after enrollment due to the provision of false information, I may be subject to immediate termination from the program.
- I certify that I have been given a copy of complaint and hearing procedures, and have been informed of my rights and responsibilities.
- I agree to fully participate in my IEP/ISS to the best of my ability.
- I acknowledge that the above IEP is an agreement between the WIOA program and myself, and may only be altered in consultation with my case manager. I will notify my case manager if circumstances beyond my control arise that keep me from participating, or if my plan needs to be altered for a justifiable reason.
- I understand that continuation of my program and services depends upon availability of funding by the U.S. Department of Labor. I will be notified as soon as possible if my services will be affected.
- If I so request, a letter of my program status will be provided. Additionally, I have the right to request and receive a copy of the above employment plan.

Participant's Signature: _____ **Date:** _____

Name: _____ **Participant ID:** _____

Case Manager: _____ **Office:** _____

Last Updated: May 1, 2019



Equal Opportunity Employers/Program. Auxiliary aids and service are available upon request for individuals with disabilities
TTY: 711 or 800-722-0353

