



WIOA TITLE I YOUTH INCENTIVE & FOLLOW-UP SERVICES OPT-OUT ACKNOWLEDGEMENT FORM

Incentive Payments Acknowledgement Section

I, hereby confirm and acknowledge I've been orientated about the WIOA Youth Incentive payments and the requirements to earn incentives during the enrollment process on _____

Print Name: _____ Signature _____

Follow-Up Opt-Out Acknowledgement Section

I, hereby confirm and acknowledge I've been orientated about the WIOA Youth follow-up services during and after program participation; and the option to opt-out during and after participation during the enrollment process on _____.

Print Name: _____ Signature: _____

_____ Complete Only If Opting-Out _____

As an active youth participant, I am exercising the right to "opt-out" and am requesting I do not be contacted via email, text, phone call, or social media during and after program participation.

Print Name: _____ Signature _____

Date _____

Comment: _____

Career Advisor: _____
(Print) (Signature) (Date)