



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)