Participation Agreement B

TWIST ID#_____ Last Name_____ First Name_____

The Workforce Solutions of West Central Texas Center (WFS) is pleased to work with you to help you find and retain meaningful career employment. Due to the nature of this assistance, we ask you to follow certain guidelines, which are designed to maximize your experience while ensuring that we maintain the integrity of the services. Please keep this document for a reference.

I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

1. The services I am to receive are considered an investment in my future. I have an obligation to myself to use this opportunity wisely and efficiently. I will devote my time and energy toward successfully working with WFS staff to obtaining employment.
2. Continued assistance is dependent upon (a) compliance with WFS requirements; (b) continued availability of funds; (c) and compliance with the Career Development Plan (CDP) created by WFS staff and myself, which may include any changes while I am receiving assistance from WFS.
3. The goal of WFS and my goal is to seek and accept full-time employment.

BY ACCEPTING WFS ASSISTANCE, I AM OBLIGATED TO MEET THE FOLLOWING REQUIREMENTS TO ENSURE CONTINUED SERVICES.

- My CDP outlines the activities in which I will participate. I will complete my CDP activities in a positive manner, including:
  - Following through with job referrals and accepting suitable offers of employment,
  - Not disrupting service activities or having behavior that poses a threat,
  - Attending and reporting my workforce activities as scheduled and providing information requested of me, and
  - Notifying staff if I cannot attend appointments or activities as scheduled.
- I will meet with WFS staff as directed, to work on obtaining employment through attendance of Workforce Solutions Center workshops or other activities as deemed necessary.
- I will inform WFS staff of address, phone number, or back-up contact changes as soon as they occur.
- I understand that violation of Workforce Solutions guidelines may result in termination of services.
- I agree to maintain contact with WFS staff and look for work. I will provide WFS staff information concerning my employment (including changes or new employment obtained), current address and phone number for the determined length of follow-up (up to 12 months).
- I understand that the Workforce Solutions Center may maintain contact with me for up to 12 months after completion of workforce activities. I agree to quickly respond to any Workforce Solution staff requests for information concerning my participation in this program.

You may request an informal local review to discuss any decisions by contacting WFS staff. You may also request a hearing to appeal a decision within 14 days from the mailing date of the decision. An authorized representative, or legal counsel may represent you. To request a hearing, the Program Supervisor or their designee at 500 Chestnut St. Ste. 1100, Abilene TX 79602 325/795-4200, 800/457-5633, by telephone, in person, or in writing.

I have read this document and agree to comply with the agreement described above.

_____ _____ _____ _____
Customer Signature Date Workforce Solution Staff Signature Date

_____ _____
Parent/Guardian Signature Date

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.
Relay: 1-800-735-2989 (TTY) / 711 (Voice).
This service is funded in whole or in part with federal funds. More detailed information is located on the Board's website at www.wfswct.org/publicinfo.