Workforce Investment Act
Adult/Dislocated Worker Exit/ Outcome Form

Date ☐☐☐☐☐☐☐☐ | **Adult** ☐ **Dislocated Worker** ☐ | **Servicing County** ☐☐☐ | **WDA** ☐

Applicant Name

☐☐☐☐☐☐☐☐☐ **Social Security Number**

_____ **Last** _____ **First** ___ **MI**

☐☐☐☐☐☐☐☐☐☐ **Telephone Number**

_____ **Address** _____ **Mailing Address** _____ **City** _____ **State** _____ **Zip**

Service Provider: _____ ☐ JTPA Carryover ☐ NRA

	End Date	**Hours Completed**
Activity 1 _____	☐☐☐☐☐☐☐☐	☐☐☐
Activity 2 _____	☐☐☐☐☐☐☐☐	☐☐☐
Activity 3 _____	☐☐☐☐☐☐☐☐	☐☐☐
Activity 4 _____	☐☐☐☐☐☐☐☐	☐☐☐
Activity 5 _____	☐☐☐☐☐☐☐☐	☐☐☐

		Date Attained
Diploma Attainment	☐	☐☐☐☐☐☐☐☐
Diploma Equivalent/GED Attainment	☐	☐☐☐☐☐☐☐☐

Other Institutionalized ☐ Incarcerated ☐ Deceased ☐

Credential Attainment

☐ Entered Employment **(If Yes, fill below)**

☐ Certificate/Degree/ Program Completion / Licensure.

Explain _____

☐ Non-traditional **Entered Employment** ☐ Training Related

_____ Name of Employer _____ Address of Employer City St. Zip

Telephone Number ☐☐☐☐☐☐☐☐☐☐

Hourly Rate _____

Occupation _____ **DOT /Occupational Code** ☐☐☐☐☐☐☐☐☐

Notes: _____

_____ Staff Signature _____ Date

WIA- Adult/Dislocated Worker Exit Forms