

**WIOA Youth Program – Individual Service Strategy  
Participant/Program Agreement**



This serves as an agreement between \_\_\_\_\_ (Youth Program Provider) and \_\_\_\_\_ (Youth Program Participant). Each party agrees to comply with the following to ensure successful completion of the services and goals outlined in the Individual Service Strategy (ISS). The ISS detail is housed in the Alaska Department of Labor and Workforce Development, Individual Case Management System (ICM).

**Youth Program Provider agrees to:**

1. Provide a comprehensive assessment to help determine the appropriate training, support and employment needs;
2. Co-create an Individual Service Strategy with the Youth Participant that identifies the services to be delivered to meet the participants training, support service, and employment needs and goals;
3. Ensure the participant is aware of the services and goals that have been identified in the ICM;
4. Aid the participant in resolving problems and barriers that may interfere with obtaining educational and employment goals including referrals to organizations which can provide additional resources if needed;
5. Guarantee that all participant personal information is kept confidential; and
6. Make payment of authorized costs, contingent upon availability of funds and adherence to program guidelines.

**Youth Program Participant agrees to:**

1. Co-create an Individual Service Strategy with the Youth Program Provider that identifies the services to be delivered to meet training, support service, and employment needs and goals;
2. Notify the Youth Program Provider of any requests to change the Individual Service Strategy;
3. If in training, provide progress reports and copies of grades for each term. Funding for subsequent terms is contingent on successful completion of the current term;
4. Actively participate in program activities until the goals outlined in the Individual Service Strategy are achieved;
5. Maintain contact with the Youth Program Provider either in person, by telephone, text or e-mail at least – Weekly\_\_\_\_\_ Monthly\_\_\_\_\_ Other\_\_\_\_\_ throughout the enrollment period and up to one year after exiting the program. Provide any changes to contact numbers, mailing address, physical address, and permanent contact when changes occur;
6. Maintain respectful and non-threatening conduct when working with the Youth Program Provider, training facility staff, vendors and potential employers. Failure to maintain respectful behavior may result in removal from the program;
7. Provide a copy of any certificate, license, diploma, or credential obtained within 7 days after receipt of document;
8. Complete the on-line customer survey after exiting the program which will be emailed. The survey will gather feedback on the services and support received while participating in the Youth program. Feedback received is appreciated as funding is contingent upon successful program performance.

I certify that I have read and understand the above program responsibilities. I also understand that if I do not comply with the above responsibilities, this agreement is no longer valid.

_____ Youth Program Participant	_____ Date	_____ Phone number
_____ Parent Signature (if participant is under 18)	_____ Date	_____ Phone number
_____ Youth Program Provider	_____ Date	_____ Phone number