



Workforce Innovation & Opportunity Act Program
_____ County

Statement of Relationship



In administrating the Workforce Innovation and Opportunity Act(WIOA), we must know of any relationship that may exist between a WIOA customer and the attach list of individuals.

The list is dated: _____

Please complete the following:

YES or NOI am a relative of (*relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by blood or marriage*),a close friend of, or have/had any social or business relationship with the above listed.

If yes, relationship identified above is with: _____

What is your relationship: _____

Client Signature

Printed Name

Date

.....
Applicant is eligible for program(s): Adult DW Youth Other: _____

If "YES" is checked above, how will impartial service be provided: _____

Staff Signature

Date

Approved Denied _____
OVER Director or Designee Date

If denied, reason: _____

Approved Denied _____ Local County
Commissioner Date

If denied, reason: _____
