



## AREA 2 | SUMMIT & MEDINA WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) PARTICIPANT RIGHTS AND RESPONSIBILITIES ACKNOWLEDGEMENT

**Statement of Purpose:** This document will provide you with general information about the WIOA program, what you can expect from it, and what will be expected of you. The staff of the program provider, which operates the program you are now enrolled in, is available to assist you with any additional questions or concerns you may have.

### Participant Rights

1. As a registered, eligible participant, you are protected by State and Federal law from being discriminated against or excluded from participation in connection with any WIOA Title I program based on race, age, religion, national origin, sex, political affiliation or belief, disability, or citizenship status, as a lawfully admitted immigrant authorized to work in the United States.
2. You have a right to file a grievance (complaint) should you feel a program rule or process was not properly applied to your situation, or you feel you have been discriminated against based on any of the categories above. You were provided the [Area 2 WIOA Complaint Rights Form](#) for reference at your intake.
3. As a registered, eligible participant, you have the right to work with experienced and knowledgeable program staff who are able to help you meet your education and career goals.
4. The confidentiality and privacy of your personal records will be respected and protected as provided by law. Your personal information cannot be shared with any other person or agency unless your consent is given via signature at registration.
5. Reasonable accommodations for any physical or mental limitations will be provided to you in accordance with the Americans with Disabilities Act (ADA).

### Participant Responsibilities

1. You understand that WIOA Title I programs are not federal entitlement programs.
2. You will provide authentic, factual and complete information during eligibility determination. Documentation must be provided to show proof of eligibility. Inaccurate information may result in termination of WIOA services.
3. You will maintain monthly contact with your Employment Specialist/Case Manager regarding your progress in job search, employment status, grades, certifications, and any other progress as it pertains to this program. You will notify your Employment Specialist/Case Manager of any changes in contact information.



4. If you are male and turn 18 while participating in the WIOA program, you must register for the Selective Service within the 30 days following your 18<sup>th</sup> birthday. If you are male and between the ages 18 and 25 and have not yet registered, you must register in order to receive WIOA services. If you are over 25 and have not yet registered, your Employment Specialist is required to determine whether your failure to register was knowing and willful in order to determine whether you are eligible to receive WIOA services as outlined in the [Area 2 Policy Letter A-06 Selective Service Registration](#).
5. You understand that you must be suitable for services, as described in state and federal policy, in order to receive them. Suitability includes the consistent demonstration of dependability, work ethic, critical thinking, communication skills, and maintaining professional behavior and attitude at all times.
6. Use of profanity, slurs, or other offensive or abusive language towards any person associated with a training provider, employer, or WIOA program staff are grounds for termination from the WIOA program in Summit and Medina Counties and any associated or auxiliary WIOA services. WIOA program providers reserve the right to determine whether you are suitable for services based upon appropriate assessment(s).
7. You agree to adhere to the rules and expectations of any training provider or employer you may work with when you are receiving a WIOA training service.
8. You understand that you are not entitled to supportive services (as outlined in the [Area 2 Policy Letter C-12 Supportive Services](#)) and that they are approved case-by-case, based on the funding available.
9. You understand that as you progress through the WIOA program, additional rights and responsibilities may apply (including but not limited to Individual Training Account (ITA) or On-the-Job Training (OJT) services).

**Participant Acknowledgement**

**I understand and agree to comply with the program rights and responsibilities.**

Participant Name <i>(Print)</i>	Participant Signature	Date
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Parent/Guardian Signature <i>(If participant is under the age of 18)</i>	Date
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Program Staff Name <i>(Print)</i>
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