

## Program Enrollment Refusal Form

Individual's Full Name: TYPE NAME

SSN: XXX-XX-

I have discussed the benefits and services provided under the TYPE PROGRAM NAME Program with the individual referenced above.

\_\_\_\_\_  
Program Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff Printed Name

I have been given an overview of the services and benefits provided under the Program listed above. All of my questions were answered satisfactorily. I understand that by signing this form I am refusing the right to enroll in the program, at this time.

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual Printed Name



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## Trade Adjustment Assistance (TAA) Acknowledgement of Referral to the Workforce Innovation and Opportunity Act (WIOA)

### (A) GENERAL INFORMATION

Full Name: \_\_\_\_\_  
SSN: XXX-XX-\_\_\_\_\_  
Local Office: \_\_\_\_\_

Petition #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### (B) ELIGIBILITY INFORMATION

1. *Is the applicant fully dislocated from the affected employer?*  Yes  No

*Reason for separation?*

Lack of Work  Voluntary Quit  Other: \_\_\_\_\_  
 Fired

2. *Is the applicant registered with the selective service (Males Only)?*

Yes  No  Not Applicable

*Verification:*

Selective Service Website  Self-Attestation  Other: \_\_\_\_\_

**By signing below, I affirm that the above information is correct to the best of my knowledge. I understand that I am being referred to the Workforce Innovation and Opportunity Act (WIOA). I understand that the WIOA program can offer benefits and services that the TAA program cannot. I understand that the benefits and services offered through WIOA are not guaranteed.**

***I am interested in being referred to the WIOA program. I understand that choosing not to be referred to WIOA will not affect my eligibility for the TAA program.***

Yes  No

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_



07/2021

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## Workforce Innovation and Opportunity Act (WIOA) Acknowledgement of Referral to Trade Adjustment Assistance (TAA)

Participant's Full Name: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_\_

By signing below, I affirm that I understand that I am being referred to Trade Adjustment Assistance (TAA). I understand that the TAA program may offer benefits and services that the WIOA program cannot. I understand that the benefits and services offered through TAA are not guaranteed.

*I am interested in being referred to the TAA program. I understand that choosing not to be referred to TAA will not affect my eligibility for the WIOA program.*

Yes

No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date