



Participant Receipt Confirmation

Participant Name: _____ **State ID:** _____

WIOA Program: Adult
 Dislocated Worker
 Youth

**Description of Item(s)
Provided:**

Check/Card Number: _____

Dollar Amount: _____

The above items have been provided to the above client on the date below.

Signature of WIOA Staff **Date** _____

By signing below, I am acknowledging receipt of items as noted above and certifying that I will use these for their intended purpose.

Signature of WIOA Participant **Date** _____