INSERT DATE

Name

Address

Address

Address

State Identification Number: insert ID #

RE: Letter of Intent to Exit

Dear name:

In order to receive services at Workforce Connection – Young Adult Services, you are required to maintain regular contact with your Academic Career Advisor (ACA).

I have made several attempts to contact you by phone regarding your continued participation in Workforce Innovation and Opportunity Act (WIOA) funded services through Workforce Connection – Young Adult Services at location. As of the date of this letter, you have not responded.

In order for you to remain active in our program, you must contact me at the number or email below no later than DATE MUST BE WITHIN 90 DAYS OF THE LAST 200/435 SERVICE CODE to discuss your continued participation. My office hours are Monday – Friday X:XX am – X:XX pm and voice mail and email are both available 24 hours a day.

If I do not receive a response from you within the above time frame, you will no longer be eligible to receive services and you will be exited from the program.

Regards,

Name of Staff

Academic Career Advisor

(direct telephone number)

(email address)