

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2020-21  
2018 California Megafires National Dislocated Worker Grant – Workforce Development Component**

AJCC: \_\_\_\_\_ Participant Name \_\_\_\_\_ Grant Code: \_\_\_\_\_

App #:	App Date:	Participation Date:	Exit Date:
<b>WIOA Application</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Staff /Case Manager Signature <b>Date:</b> _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Application Reviewer Signature <b>Date:</b> _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Participant Signature <b>Date:</b> _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Application is reviewed and approved prior to providing services <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Reviewer is not same as staff/case manager		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>Residence</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Is participant a resident of Los Angeles County? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If not a resident, is a waiver for service provided and on file?		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>Right to Work (As listed on USCIS Form I-9)</b>			
<input type="checkbox"/> <b>LIST A</b> <input type="checkbox"/> US Passport <input type="checkbox"/> Per. Resident Card <input type="checkbox"/> Other: _____ <p align="center"><b>OR</b></p> <input type="checkbox"/> <b>LIST B</b> <input type="checkbox"/> CA ID Card <input type="checkbox"/> CA Driver License <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>LIST C</b> <input type="checkbox"/> SSN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____ <b>Right to Work Documents</b> <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on: _____		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>Selective Service</b>			
<b>Male 18 years of age or older born after 12/31/1959</b> <input type="checkbox"/> Documentation provided: Ex: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Letter <input type="checkbox"/> Other: _____ <input type="checkbox"/> Confirmation Date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Documentation <input type="checkbox"/> Dated after participation date Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>Dislocated Worker Program Eligibility</b>			
Dislocated Worker Category: _____ Documents Used: 1 _____ 2 _____ 3 _____		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>Initial Assessment &amp; Basic Skills Testing</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are all requirements of initial assessment met on enrollment? <input type="checkbox"/> <b>Aptitudes &amp; Abilities</b> <input type="checkbox"/> <b>Supportive Service Determination</b> <input type="checkbox"/> <b>Basic Skills</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is an assessment from a partner program used? If so, from what partner program: _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> If a basic skills test is provided, what assessment tool is used: _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> If no basic skills testing is provided, is a valid reason given for lack of testing? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are basic skills test results accurately reported in CalJOBS and case notes? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is Participant Basic Skills Deficient? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are initial assessment testing tools stored in the participant case file? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are initial assessment testing tools legible, dated, and signed by staff? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is the initial assessment activity code open in CalJOBS?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>Individual Employment Plan (IEP)</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is need for Individualized Career Services documented in case notes? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Was an IEP Developed prior to providing individualized services? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Does the IEP include the Objective Assessment Summary (OAS)? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are required CalJOBS activity codes open: <b>OAS (203)</b> <input type="checkbox"/> <b>IEP (205)</b> <input type="checkbox"/> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is the IEP updated continuously as activities occur? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Does the IEP provide a plan of activity for the participant? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is the IEP dated and signed by the participant?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>Supportive Services</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Are Supportive Services necessary for individual to participate in WIOA activities? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Are Supportive Services provided reasonable? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Is support documentation on file? (e.g. receipts) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Are appropriate Supportive Services activity codes opened in CalJOBS?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>Documentation for Grievance/Complaint Procedures</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 4/2020) properly filled out, signed, dated and double sided <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> WIOA Applicant Acknowledgement Statements (Dated 1/2019), signed and dated		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	

Case Notes and Documentation																															
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes detailed, clear, and fully developed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do case notes indicate initial assessment was conducted on enrollment and include initial assessment results and interpretation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do case notes include a plan of activity for the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are applicant statements complete, clear, detailed and fully developed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is confidential health information & Participant PII secured and kept out of file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do Activity codes match information in the case notes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is a current and well-developed resume on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation supporting services provided on file? (i.e. Job Referrals, IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation supporting planned break in services provided on file?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>																														
Training Services																															
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is training need and benefit documented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is local LMI used to link training to in demand occupations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is a comprehensive assessment used to identify training course? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does ITA match I-Train and CalJOBS ETPL approved course printout? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is training provider performance data on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are attendance records on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the course Certificate of Completion on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is customer choice requirement met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is link to employment established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is a Waiver to exceed the ITA cap or the one year training time limit on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is a complete, signed, and dated ITA on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are documentation of payments on file?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No  Cohort Training: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>																														
On the Job Training (OJT)																															
<table border="1"> <tr> <td><b>Employer Name/Address</b></td> <td></td> </tr> <tr> <td><b>Employer Info</b></td> <td>Total full-time employees _____; Employees at the unit _____; Supervisor/Employee ratio ____ / ____; Total OJT participants previously placed with this employer _____; Total former OJT's currently employed full time unsubsidized _____.</td> </tr> <tr> <td><b>OJT Info</b></td> <td>OJT duration _____ (M/W); Total hours _____; Wage \$ _____ (H/W/M); Benefits included (Y / N); Employer reimbursement rate _____ %.</td> </tr> <tr> <td><b>Job Description</b></td> <td>Job title _____; OES code _____ Industry sector _____; High growth sector (Y / N)</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>OJT agreement with employer and participant signed/dated prior to OJT start?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>OJT need and benefit established and documented thru assessment?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Participant has the skills and qualifications to successfully complete the OJT?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>IEP supports the OJT and is developed and signed prior to OJT start?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Employer is committed to hiring participant upon successful completion?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>AJCC monitoring OJT progress monthly to ensure goals are met?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Agreement includes an outline with detailed topics and skills with time at each?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Monthly performance reviews on file?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Final evaluation on file? MUST include whether participant satisfactorily met the training objectives. Should be consistent with monthly performance reviews.</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Upon completion, was the participant hired?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Case notes acceptable?</td> </tr> </table>	<b>Employer Name/Address</b>		<b>Employer Info</b>	Total full-time employees _____; Employees at the unit _____; Supervisor/Employee ratio ____ / ____; Total OJT participants previously placed with this employer _____; Total former OJT's currently employed full time unsubsidized _____.	<b>OJT Info</b>	OJT duration _____ (M/W); Total hours _____; Wage \$ _____ (H/W/M); Benefits included (Y / N); Employer reimbursement rate _____ %.	<b>Job Description</b>	Job title _____; OES code _____ Industry sector _____; High growth sector (Y / N)	<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT agreement with employer and participant signed/dated prior to OJT start?	<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT need and benefit established and documented thru assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant has the skills and qualifications to successfully complete the OJT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP supports the OJT and is developed and signed prior to OJT start?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer is committed to hiring participant upon successful completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	AJCC monitoring OJT progress monthly to ensure goals are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreement includes an outline with detailed topics and skills with time at each?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly performance reviews on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Final evaluation on file? MUST include whether participant satisfactorily met the training objectives. Should be consistent with monthly performance reviews.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon completion, was the participant hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case notes acceptable?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
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Performance Outcomes																															
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is participant placement in a training related occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation supporting unsubsidized employment during exit provided on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is 1 <sup>st</sup> Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs.... etc.) for all applicable quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is 2 <sup>nd</sup> Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs.... etc.) for all applicable quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is 3 <sup>rd</sup> Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs.... etc.) for all applicable quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is 4 <sup>th</sup> Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs.... etc.) for all applicable quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If participant was employed during follow-up, was employer information added for each applicable quarter? Employer Name: _____ Start Date: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>																														

<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Has participant attained a recognized postsecondary credential or a secondary school diploma, or its recognized equivalent, during participant in or within one year after exit?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	If yes, has Credential Attainment been reported accurately in CalJOBS?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Is documentation supporting Credential Attainment provided on file?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Has participant advanced in or completed a training or educational program where advancement or completion qualifies as a Measurable Skills Gain?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	If yes, has Measurable Skills Gain been reported accurately in CalJOBS?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Is documentation validating the type of Measurable Skills gain provided on file?	

<b>Case Closure</b>				
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Was this file a positive case closure?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	If participant was exited as employed, was employer information added? Employer Name: _____ Start Date: _____	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Was case closure completed with appropriate documentation (i.e. school status, employment verification)?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Was the participant exited as a global exclusion?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Is documentation supporting a Global Exclusion on file (i.e. incarceration, institutionalization, death etc.)?	

<b>Follow-Up Services</b>				
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Were Follow-Up Services offered to participant upon employment & program exit	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Are any Follow-up services provided?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	If so, are Follow-up services fully documented on file, in case notes, with appropriate CalJOBS codes open?	

<b>Co-Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>				
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____				Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	Is need documented? (customer choice, customer benefit, funding)		
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	Are separate files kept per funding stream?		
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	Are services provided without duplication between programs?		

**Certification of Review  
WDACS REPRESENTATIVE NOTES:**

All Requirements Met:  Yes  No

**NOTES:**

\_\_\_\_\_  
**AJCC REPRESENTATIVE PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WDACS REPRESENTATIVE PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**