

PITTSBURGH PARTNERSHIP – WIA PROGRAMS
PROVIDER INFORMATION FORM (PIF)

Subcontractor: _____ Telephone Number () _____

Program (Check One): Adult Dislocated Worker Youth
 Other _____

Participant Data: Please print in ink and press hard. You are getting the bottom copy. (Complete this only if address or phone number has changed since the participant entered the program).

Last Name: _____ First Name: _____ SSN: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: () _____

Program Change Information:

Program Exit Information: Participant is exiting the activity checked below on: _____ / _____ / _____

- Classroom Training On-the-Job Training Retention
- Leave of Absence Follow Up
- Other _____

Actual hours in activity: _____ Did the Client Complete Activity? _____

Program Entry Information: Participant is entering the activity checked below on: _____ / _____ / _____

- Classroom Training On-the-Job Training Retention
- Leave of Absence Follow Up
- Other _____

Actual hours in activity: _____ Expected Completion Date? _____ / _____ / _____

Participant is no longer in program due to:

- Completed Program Dismissal (Explain Below) Employment
- Successful Completion of Retention Unsuccessful Completion of Retention End of follow-up

Explanation: _____

Last date of attendance: _____ / _____ / _____

Test Scores: Math _____ Reading _____ Passed GED on _____ / _____ / _____

Contractor's Signature _____ Date _____