Today's Date

Participant Name

Participant's Address

City, WI ZIP

Dear Mr. / Mrs. Last Name,

It has been nearly 90 days since we last discussed your participation in the WIOA Adult or Dislocated Worker program. Participants must exit their program when they have not received services for 90 days and no further services are planned. We are here to assist you in reaching your employment goals; however, monthly engagement and ongoing services are required to keep your case open.

You must contact me by [XYZ date] if you would like to continue with WIOA or your case will be closed, as required by WIOA policy. If you would like to continue to participate in the program, you can reach me at the email address and phone number listed below.

Please note that you may be eligible to re-enter the WIOA program at a later date. You can contact us anytime to learn more about re-enrollment.

Sincerely,

Career Planner Name

Title

Phone Number

E-mail Address