## Attach additional sheets as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Name and****Description** | **Client/Participant Eligibility****Criteria** | **Description of the Referral****Process** | **Corresponding WIOA Youth Program Element** |
| *Enter the service name and description.* | *Describe any eligibility guidelines an individual must meet to receive this service from the partner provider.* | *Describe the process the Career Planner must use to refer participants to the services identified in this MOU.* | *Select the number of the Youth Program Element from the list at the bottom of this page.* |
|  |  |  |  |
|  |  |  |  |

**WIOA Youth Program Elements** (defined in the WIOA Title I Policy & Procedure Manual at <https://dwd.wisconsin.gov/wioa/policy/10/10.5.htm>)

|  |  |
| --- | --- |
| **1.** Tutoring, study skills training, instruction, and dropout preventionand recovery strategies | 1. Adult mentoring
2. Comprehensive guidance and counseling
 |
| **2.** Alternative secondary school services and dropout recovery services | **10.** Financial literacy education |
| **3.** Paid and unpaid work experience | **11.** Entrepreneurial skills training |
| **4.** Occupational skills training | **12.** Career Awareness, Career Exploration, and Career Counseling |
| **5.** Education offered concurrently with and in the same context asworkforce preparation and training | 1. Postsecondary preparation and transition activities
2. Follow-up services
 |
| **6.** Leadership development opportunities |  |
| **7.** Supportive services |  |