

INSTRUCTIONS FOR ENROLLMENT/LEAVE ENROLLMENT

The white copy will remain in the participant's file and the yellow copy will be sent to the DET/WIA Operations Unit for input into DJL system.

Please use ink and print all information legibly.

PERSONAL INFORMATION

1. **Last Name:** Enter applicant's last name.
2. **First Name:** Enter applicant's first name.
3. **Middle name:** Enter applicant's middle name. (optional)
4. **Suffix:** Enter applicant's suffix. (Jr., II, etc.)(optional)
5. **Social Security:** Enter applicant's Social Security Number.
6. **Funding Source:** Enter the appropriate funding source.
7. **Provider Name:** Enter Contract Name.
8. **Training Activity:** Enter applicant's training program.

LEAVE ENROLLMENT

This section is completed when leaving client from activity. This must be done in order to enroll client in a new activity or exit client from program.

9. **Activity Code:** Check and enter appropriate activity code(s).
10. **Successful:** Applicant completed training
11. **Unsuccessful:** Applicant did not complete training
12. **Actual End Date:** Date applicant completed training.
13. **Actual Number of Hrs.:** Number of hours applicant completed training.
14. **Skills Goal Attained:** Check appropriate goals applicant completed.

ACTIVITY/GOAL ENROLLMENT PRIOR TO JOB/OUTCOME PLACEMENT

This section is completed when enrolling a client into an activity before they obtain employment or enter into an outcome.

15. **Activity Code:** Check and enter appropriate activity code(s).
16. **Skills Goal Set:** List Skills Goal Set as notated on Consolidated Application.
17. **Actual Date:** List Actual Start Date of training.
18. **Estimated End Date:** List Estimated End Date of when training will be completed.
19. **Estimated # of Hours:** List an Estimated # of hours to complete training.
20. **New Enrollment:** Check box if applicant is continuing further training (Youth Only).
21. **Enrollment Exit:** Check box if applicant is not continuing further training.
22. **Signature of Person
Completing Form:** A representative of each provider must sign this form in order for processing. *(Note: if form is not signed, the form will be returned).*
23. **Completion Date:** Date the form was completed.
24. **Subcode:** List the subcode number that is assigned to the Contract, training program.