

## WIOA Title I ADW and Youth Programs Nepotism Form

Sub-Recipient (Agency) Name:		
Participant Last Name, First Name:		
State ID:		
Is a member of your immediate family empediated as spouse, father, mother, brother, staughter-in-law, son-in-law, mother-in-law grandparent, stepparent, stepchild, person upartnership?	sister, daughter, son, foster chi v, father-in-law, aunt, uncle, nic	ld, brother-in-law, sister-in-law, ece, nephew, grandson, granddaughter,
	/es	No
Does this family member act in an administrative capacity (exercises authority over other employees) for this organization?		
□ Y	des	No
Is a member of your immediate family emp Connections' Local Elected Consortium, B mother, brother, sister, daughter, son, foster mother-in-law, father-in-law, aunt, uncle, n stepchild, person under legal guardianship, included with this definition is any person of previous year.	board or Committee? A family or child, brother-in-law, sister-in- niece, nephew, grandson, grand or the same relation by marria	member is defined as spouse, father, n-law, daughter-in-law, son-in-law, daughter, grandparent, stepparent, ge or domestic partnership? Also
	∕es □	No
If yes to either question, please fill in his/ho	er name, organization, position	and relationship to you?
By signing this document, I do hereby certiam also aware that I am subject to immedia supplied inaccurate or misleading information Nepotism.	ate termination from the WIOA	Title I funded program if I intentionally
Participant Signature	Date	
Sub-Recipient Signature		

Consistent with policy Admin-010-01 section V WIOA Title I Sub-Recipients must submit this form to their contract Program Manager at Workforce Connections if any question has an affirmative response.