

**Illinois Department of Employment Security  
Individual Notice of Selection for WIOA Training**

Name

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Claimant ID #

---

Last 4 Social Security #

---

Program of Study Name

---

Beginning Date of Program

---

Ending Date of Program

---

Name of Training Institution

---

I certify that the above individual has been enrolled in a WIOA program of study that meets the requirements set forth in section 500(C)5 of the Illinois Unemployment Insurance Act

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Printed Name of Career Planner

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Contact Email/Phone #

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Signature of Career Planner

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Date

LWIA #26  
Wabash Area Development, Inc.  
110 Latham Street  
Enfield, Illinois 62835

To allow for processing time and avoid potential disruption of benefits this form should be completed and submitted to IDES Data Processing Unit once participant has been certified eligible for the WIOA training. Fax form to (217)557-4913. Client's Claimant # and last four number of SS must be on form for processing.

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Contact Email/Phone #

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Signature of Career Planner

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Date

LWIA #26  
ShawneeDevelopmentCouncil, Inc.  
530 W Washington / P.O. Box 298  
Karnak, Illinois 62956

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