

# ADULT & DISLOCATED WORKER PROGRAM CUMULATIVE REGISTRANTS 'Attachment A'

Workforce Area #26

Organization Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
1. Prior Year Adult Participants *				
2. New Adult Participants				
3. Total Adult Participants				
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
1. Prior Dislocated Worker Participants *				
2. New Dislocated Worker Participants				
3. Total Dislocated Worker Participants				
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Total Adult Participants				
Total Dislocated Worker Participants				

\*If applicable, Prior Year Participants are those enrolled in the Program Prior to July 1, 2015 and are still receiving services.