

**WIOA YOUTH PROGRAM CUMULATIVE REGISTRANTS
'Attachment A'**

Workforce Area #26

Organization Name _____

Date Submitted _____

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
1. Prior Year Out of School Youth Participants *				
2. New Out of School Youth Participants				
3. Total Out of School Youth Participants				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
1. Prior Year In School Youth Participants *				
2. New In Youth Participants				
3. Total In Youth Participants				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
1. Prior Year Total Youth Participants *				
2. New Total Participants				
3. Total Youth Participants				

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