

APPENDIX B

CONTACT INFORMATION FORM

RELATIONSHIP TO APPLICANT: ■ MARK ONE BELOW

- 1 Parent
- 2 Grandparent
- 3 Brother/Sister
- 4 Friend/Neighbor
- 5 Employer
- 6 Other _____

Cell (|_|_|_|_|) |_|_|_|_| - |_|_|_|_|_|
|
Area Code Number

Work (|_|_|_|_|) |_|_|_|_| - |_|_|_|_|_|
|
Area Code Number

Email Address



Public Burden Statement

Completing this document, which seeks to help the U.S. Department of Labor understand the effects of WIA-funded services on customers' employment-related outcomes, is voluntary. The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.