



WORK REGISTRATION AGREEMENT

In accordance with the United States Department of Health and Human Services (DHHS) Low Income Home Energy Assistance Program (LIHEAP) Assurance 16 Services and the Wyoming Department of Family Services (DFS) Mission of dedication “to promoting the safety, well-being and financial independence of families through community partnerships,” I agree to complete the following services with the Wyoming Department of Workforce Services (DWS) to meet the work registration requirements for the DFS LIEAP program.

- Register online at www.WyomingatWork.com or through the local Department of Workforce Services
 - Complete an active Resume
 - Create an active Virtual Recruiter
- Report to an employer to whom I am referred for potential suitable employment
- Accept an offer of suitable employment if the wage is at least federal minimum wage
- It is my responsibility to return this form back to the LIEAP office:
 - Local Office: 822 W 23rd St, Cheyenne, WY 82001
 - Mailing Address: Po Box 827, Cheyenne, WY 82003
 - Fax: 307-778-3943
 - Email: LieapInfo@TheAlignTeam.org

I have read and understand the requirements that apply to me as acknowledged by my signature below.

Client’s Printed Name

Client’s Address

Signature

Date

Last 4 digits of the clients Social Security Number: _____

For Office Use Only by the <u>Department of Workforce Services Caseworker.</u>		
By signing I verify the above person is registered with Wyoming at Work.		
Wyoming at Work _____	Resume _____	Virtual Recruiter _____
_____	_____	_____
DWS Caseworker Signature		Date