



Chain of Custody Form – Attachment A

(Completed form to be submitted along with contractor list of active and follow-up files and current VaWC Client Listing Report per local policy AP 208.)

WIOA Program: Adult Dislocated Worker Youth

Date of Transfer: [Click here to enter text.](#) Total Number of Files: [Click here to enter text.](#)

Purpose of Transfer: [Click here to enter text.](#)

Missing Files:

Name	State ID	Explanation

Contractor Signature

Date

Recipient Signature

Date

CVWDB Signature

Date

