# Office of Trade Adjustment Assistance (OTAA): Success Story Cover Sheet

OTAA loves learning about and sharing the success stories of our participants however, in order to promote the success of the Trade Adjustment Assistance program and to bolster the accomplishments of participants that have successfully completed training and gained reemployment, OTAA needs your help**. In addition to a success story narrative, picture, and release form please provide the following information** so that we can best capture the participant’s success!

## TAA Participant Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name**: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| **Participant’s State**: |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Congressional District** : |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age**: |   |   **Gender**: |  |

|  |  |
| --- | --- |
| **Former Industry**: |  |
| **Former Wages**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Layoff Date**: |  | **Former Wages**: |  |

|  |  |
| --- | --- |
| **Current Employment Status/ Reemployment Date**: |  |

**Current Industry: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ­­­­­­­­ **Current Wages**: |  | **Local Area One Stop Location**: |  |

## Training/Benefit Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Petition Number**: |  | TAA Benefits Received:  |  |
| Former Educational Level : |  | New Educational Level |  |
| Graduation Date: |  |
| Submitter Name: |  | Submitter Title: |  |
| Submitter Email: |  | Submitter Phone: |  |