



## Application & Eligibility Authorization - FORWD DWG

**Applicant's Name:** \_\_\_\_\_ **ASSET Pin:** \_\_\_\_\_

The form dates listed below were accurate at the time of publication and may change without notice. See [Agency Forms](#) for the current forms.

<b>Application Required Documents (Date Submitted is the trigger for 30 days to determine Eligibility)</b>	<b>EMI Office Use Only</b>
<b>Please provide documents in the order they are listed on this form.</b>	
<input type="checkbox"/> 1.) Application & Eligibility Authorization – FORWD DWG 01.01.26 (this form)	
<input type="checkbox"/> 2.) Intake Form – 05.01.26	
<input type="checkbox"/> 3.) Application – DOL Funded Program 01.01.26	
<input type="checkbox"/> 4.) Application Addendum – General 01.01.26 (housed separate from file)	
<input type="checkbox"/> 5a.) Application Addendum – WIOA Title 1 Dislocated Worker 01.01.26 OR	
<input type="checkbox"/> 5b.) Application Addendum – FORWD DWG Adult 01.01.26	
<b>Database Requirements (You have 10 days to enter into ASSET from the date of submission)</b>	
<input type="checkbox"/> <b>ASSET</b> <input type="checkbox"/> Customers <input type="checkbox"/> Programs	
<input type="checkbox"/> <b>ETO – Participant entered in FORWD-DWG Intake Program</b>	
<b>NOTE – Retain Documents but do not turn into EMI for review until Eligibility Determination</b>	

**Application Status: Date of Submission:** \_\_\_\_\_ **Date Entered into ASSET:** \_\_\_\_\_

<b>Eligibility Required Documents (in this order)</b>	
<input type="checkbox"/> <b>6.) DWG &amp; WIOA–Document Verification Checklist – (include copy of documents if applicable) – Mar. 2021</b> <input type="checkbox"/> Date of Birth (self-attestation allowable) <input type="checkbox"/> Eligible to Work in US verification (1 item from column A <b>or</b> 1 item from B <b>and</b> C of the I-9 list) <input type="checkbox"/> Selective Service Form & Documentation 07.07.21 (if applicable) <input type="checkbox"/> -Selective Service: Waiver Request Form 05.09.22 (if applicable) <input type="checkbox"/> -Selective Service: Waiver-Approval Letter from EMI (if applicable) <input type="checkbox"/> Proof of Veteran Status Documentation (if applicable)	

**FORWD DWG-Participant Eligibility (Check only 1 box. Number must correlate with Addendum)**

**Meet the requirements for at least one of the four FORWD-DWG eligibility categories. (Attach attestation form)**

- ☐ A. Dislocated workers, as defined in WIOA sec. 3(15).
- ☐ B. Individuals temporarily or permanently laid off as a consequence of the opioid crisis.
- ☐ C. Individuals who are long-term unemployed.
- ☐ D. Self-employed individuals who became unemployed or significantly underemployed as a result of the opioid crisis.

☐ 7.) Income Worksheet - DOL-Funded Program – 01.01.26

☐ 8.) Veterans and Eligible Spouses Priority of Service Acknowledgement 10.01.24 (if applicable)

☐ 9.) Basic Skills Screening Tool Form (DWD/Job Center of WI) Jul. 2019

☐ 10.) Third-Party Entity Verification Form 01.01.26 (if applicable)

☐ 11.) Limited English Proficiency (LEP) Refusal 08.29.25 (if applicable)

☐ 12.) EO Notice and Grievance Procedure Summary and Acknowledgement Form 01.01.26

☐ 13.) Authorization to Release Information and Promotional Consent Form 10.01.24

**Database Requirements -----**

☐ **ASSET**

- ☐ Services -- Eligibility Determination
- ☐ Employment (Most recent employment w/in previous six months – if applicable)
- ☐ Customer Note for eligibility determination status identifying FORWD eligibility criterion
- ☐ Customer Note for Selective Service Waiver entered (if applicable)
- ☐ Customer Note for Eligible to Work in the US verification collected

**Enrollment Status:** ☐ Approved ☐ Not approved, reason: \_\_\_\_\_

\_\_\_\_\_  
**Career Planner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Manager Initials**

\_\_\_\_\_  
**Date**

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Form Date: 01.01.26