



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.

Application Required Documents (Date Submitted is the trigger for 30 days to determine Eligibility)	EMI Office Use Only
Please provide documents in the order they are listed on this form.	
<input type="checkbox"/> 1.) Application & Eligibility Authorization – FORWD DWG 01.26.26 (this form)	
<input type="checkbox"/> 2.) Intake Form – 01.26.26	
<input type="checkbox"/> 3.) Application – DOL Funded Program 01.26.26	
<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	
Database Requirements (You have 10 days to enter into ASSET from the date of submission)	
<input type="checkbox"/> ASSET <input type="checkbox"/> Customers <input type="checkbox"/> Programs	
<input type="checkbox"/> ETO – Participant entered in FORWD-DWG Intake Program	
NOTE – Retain Documents but do not turn into EMI for review until Eligibility Determination	

Application Status: Date of Submission: _____ **Date Entered into ASSET:** _____

Eligibility Required Documents (in this order)	
<input type="checkbox"/> 6.) DWG & WIOA–Document Verification Checklist – (include copy of documents if applicable) – Mar. 2021 <input type="checkbox"/> Date of Birth (self-attestation allowable) <input type="checkbox"/> Eligible to Work in US verification (1 item from column A <u>or</u> 1 item from B <u>and</u> 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 – 01.26.26

☐ 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: 01.26.26