


APPLICATION ADDENDUM – ADULT WORKER - FORWD DWG

| | | | |
|---|---|---------------------|--|
| Applicant Name | | | |
| Date of Birth | | Today's Date | |
| Criteria #1 use form WIOA Dislocated Worker-Program Application Addendum – Oct. 2024 | | | |
| Criteria #2 Individuals temporarily or permanently laid off as a consequence of the opioid crisis: | | | |
| | <ul style="list-style-type: none"> a. I have experienced a temporary or permanent full separation from employment as a result of the opioid crisis. b. have experienced a temporary or permanent reduction in work hours from full-time (32+ hours per week) to part-time (fewer than 32 hours per week) as a result of the opioid crisis. c. I have left the workforce voluntarily or involuntarily, including retirees, due to familial or health-related concerns (including mental health/burnout) as a result of the opioid crisis. Note: This may include, but is not limited to, individuals who separated from employment, such as individuals who were terminated from employment due to attendance issues resulting from opioid use disorder or a family member with opioid use disorder. | | |
| Criteria #3 Individuals who are long-term unemployed: | | | |
| | <ul style="list-style-type: none"> a. I have NOT been employed in unsubsidized employment for 4 weeks or longer. b. I have NOT been employed for any length of time due to incarceration. c. I have NOT been employed for any length of time due to institutionalization. d. I have become justice-involved, and the nature of the justice-involvement has resulted in a separation from employment and/or precludes me from returning to my previous employment, occupation, and/or industry. e. I am a student engaged in secondary and/or postsecondary education or other training program(s) and am not engaged in full-time unsubsidized employment. f. I have no work history and am entering the workforce for the first time. g. I have received a full or partial Unemployment Insurance (UI) payment for 4 consecutive weeks. Note: This includes, but is not limited to, individuals who are working part-time, but actively seeking full-time employment, and receiving partial UI payments. | | |
| Criteria #4 Self-employed individuals who became unemployed or significantly underemployed as a result of the opioid crisis: | | | |
| | <ul style="list-style-type: none"> a. I am/was fully self-employed, but my business revenue is/was reduced and/or expenses are/were increased as a result of the opioid crisis. b. I am/was fully self-employed, but my income does not lead to economic self-sufficiency (ESS) based on a CEPT ESS calculation as a result of the opioid crisis. c. My business has closed or reduced hours of operation as a result of the opioid crisis. | | |

I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this completed form.

| | |
|----------------------------|--------------------|
| | |
| Applicant Signature | Date Signed |

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (414)-270-1726 for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (414)-270-1726 para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.