THIRD-PARTY ENTITY VERIFICATION FORM

Applicant Name	Applicant Date of Birth	Application Date

	Applies?*	Verifying Applicant or Family Member Information?	Verified?	Agency Verifying	Agency Telephone Number	Agency Staff Person Verifying	Verification Date
FoodShare Assistance	☐		☐				
Assistance through W2	☐		☐				
State or Local-Based Public Assistance	☐		☐				
Assistance through SSI	☐		☐				
Free or Reduced Lunch	☐	WIOA Youth Program Applicants Aged 18 and Younger Only	☐				
Unemployment Insurance	☐	Applicant Only	☐				
Other:	☐		☐				
*True for Applicant + No Other Acceptable Documentation Available							

I attest that the information recorded by me on this document was obtained through telephone or in person contact on the above date(s). As indicated by the agent(s), all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

Staff Printed Name	Staff Agency
Staff Signature	Date Signed

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.