



Application & Eligibility Authorization - WIOA Title I Dislocated Worker

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
<input type="checkbox"/> 1.) Application & Eligibility Authorization – WIOA Title I Dislocated Worker	01.01.26	
<input type="checkbox"/> 2.) Intake 05.01.25		
<input type="checkbox"/> 3.) Application – DOL-Funded Program	01.01.26	
<input type="checkbox"/> 4.) Application Addendum – WIOA Title I Dislocated Worker	01.01.26	
<input type="checkbox"/> 5.) Application Addendum – General	01.01.26 (housed separate from file)	

Database Requirements (You have 10 days to enter into ASSET from the date of submission)	EMI Office Use Only
<input type="checkbox"/> ASSET	
<input type="checkbox"/> Customers (All entries need to align with the intake forms)	
<input type="checkbox"/> Programs (All entries need to align with the intake forms)	
<input type="checkbox"/> ETO – Participant entered in 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)	EMI Office Use Only
<input type="checkbox"/> 6.) Document Verification Checklist (copy of documents) – 08.29.25	
<input type="checkbox"/> Proof of Date of Birth Documentation OR	
<input type="checkbox"/> Self-Attested to Date of Birth	
<input type="checkbox"/> Proof of Eligible to Work in US (1item from column A OR 1 item from B & C of the I-9 list) OR	
<input type="checkbox"/> Eligibility to work documentation NOT collected during eligibility	
<input type="checkbox"/> Selective Service & Supporting Docs (if applicable) (housed separate from file) 07.07.21	
<input type="checkbox"/> Selective Service: Waiver Information and Request (if applicable) – 05.09.22	
<input type="checkbox"/> Selective Service: Waiver-Approval Letter from EMI (if applicable)	
<input type="checkbox"/> Proof of Veteran Status Documentation (if applicable)	
<input type="checkbox"/> Proof of Dislocated Worker Eligibility (if applicable)	
<input type="checkbox"/> 7.) Income Worksheet DOL- Funded Program (copy of income documents if applicable) 01.01.26	
<input type="checkbox"/> 8.) Veterans & Eligible Spouses Priority of Service Acknowledgement (if applicable) – 10.01.24	

<input type="checkbox"/> 9.) Basic Skills Screening Tool Form (DWD/Job Center of WI) 07.19	
<input type="checkbox"/> 10.) Third-Party Entity Verification Form (if applicable) 03.01.21	
<input type="checkbox"/> 11.) Limited English Proficiency (LEP) Refusal (if applicable) 08.09.25	
<input type="checkbox"/> 12.) EO Notice and Grievance Procedure Summary and Acknowledgement Form 10.01.24	
<input type="checkbox"/> 13.) Authorization to Release Information and Promotional Consent Form 10.01.24	

Database Requirement	EMI Office Use Only
<input type="checkbox"/> ASSET (Eligibility)	
<input type="checkbox"/> Services - Eligibility Determination	
<input type="checkbox"/> Employment (If previously employed, enter most recent employment)	
<input type="checkbox"/> Customer note for eligibility determination status	
<input type="checkbox"/> Customer note with date eligibility notification occurred	
<input type="checkbox"/> Customer note for Selective Service Waiver entered (if applicable)	
<input type="checkbox"/> Upload all documents into ASSET (once reviewed by EMI Staff)	

Eligibility Status: Approved Not approved, reason _____

(Submit Documents to EMI to include Application & Eligibility)

Career Planner Signature

Subrecipient

Date

Manager/
QA Initials

Date

EMI Office Use Only

FMI Staff Signature

Date

Employ Milwaukee is an Equal Opportunity employer and service provider. If you need this information or printed material in an alternate format, or in 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 7-1-1.