



## 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.

<b>Application Required Documents (Date Submitted is the trigger for 30 days to determine Eligibility)</b>	<b>EMI Office Use Only</b>
<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)	

<b>Database Requirements (You have 10 days to enter into ASSET from the date of submission)</b>	<b>EMI Office Use Only</b>
<input type="checkbox"/> <b>ASSET</b>	
<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	
<b>NOTE – Retain Documents but do not turn into EMI for review until Eligibility Determination</b>	

<b>Application Status</b>	Date of Submission _____	Date Entered into ASSET _____
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<b>Eligibility Required Documents (in this order)</b>	<b>EMI Office Use Only</b>
<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 (1 item 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
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**EMI Office Use Only**

_____ EMI Staff Signature	_____ Date
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