



## Enrollment Authorization - WIOA Title 1 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>Enrollment Required Documents (in this order)</b>		<b>EMI Office Use Only</b>
<input type="checkbox"/> 1.) Enrollment Authorization Form - WIOA Title 1 Dislocated Worker 01.01.26		
<input type="checkbox"/> 2.) Anti-Harassment Notice and Rights and Responsibilities Acknowledgement 01.01.24		
<input type="checkbox"/> 3.) TABE/CASAS Reading and Math Scores (if applicable)		
<input type="checkbox"/> 4.) Notice of Comprehensive Assessment Tools		
<input type="checkbox"/> 5.) Career Assessment Cover Sheet & Results 08.01.23		
<input type="checkbox"/> 6.) Individual Employment Plan Print Out (IEP from ASSET - Signed)		
<input type="checkbox"/> 7.) ESS-CEPT Printout (Signed by participant and career planner)		
<input type="checkbox"/> 8.) Participation Agreement WIOA Title I 01.01.26		

<b>Database Requirements</b>	<b>EMI Office Use Only</b>
<input type="checkbox"/> ASSET (Enrollment) <input type="checkbox"/> Assessments-Comprehensive Assessment <input type="checkbox"/> Assessments- Test Scores for TABE/CASAS (if applicable) <input type="checkbox"/> Assessments- Test Scores for Career Assessment <input type="checkbox"/> IEP Development/Manage Employability Plan or CEPT <input type="checkbox"/> Services- Initial and/or Comprehensive Assessment <input type="checkbox"/> Services- IEP Development <input type="checkbox"/> Customer note for Assessments provided (Dates need to align) <input type="checkbox"/> Customer note for IEP provided (Dates need to align) <input type="checkbox"/> Upload all documents into ASSET (Once approved by EMI Staff)	
<b>* Create Service to Activate Participation Date in ASSET</b> <input type="checkbox"/> ETO - Participant Dismissed from Intake and entered into Enrolled Program	

Eligibility Status:  Approved  Not approved, reason \_\_\_\_\_

**(Submit Documents to EMI to include Application & Eligibility)**

Career Planner Signature \_\_\_\_\_ Subrecipient \_\_\_\_\_ Date \_\_\_\_\_ Manager/Q/A Initials \_\_\_\_\_ Date \_\_\_\_\_  
**EMI Office Use Only**

EMI Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Form Date: 01.01.26

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