



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

Enrollment Required Documents (in this order)	EMI Office Use Only
<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	

Database Requirements	EMI Office Use Only
<input type="checkbox"/> ASSET (Enrollment) <ul style="list-style-type: none"><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)	
* Create Service to Activate Participation Date in ASSET	
<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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