



Enrollment Authorization - WIOA Title I Youth

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 – WIOA Title 1 Youth 01.01.26	
<input type="checkbox"/> 2.) Anti-Harassment Notice and Rights and Responsibilities Acknowledgement 10.01.24	
<input type="checkbox"/> 3.) Receipt and Statement of Pre/Post Services – WIOA Title I Youth 10.01.26	
<input type="checkbox"/> 4.) Initial Assessment – Youth 01.01.26	
<input type="checkbox"/> 5.) TABE/CASAS Reading and Math Scores (not needed if used for eligibility determination)	
<input type="checkbox"/> 6.) Career Assessment Cover Page 08.01.23	
<input type="checkbox"/> 7.) Individual Service Strategy (ISS from ASSET - Signed)	
<input type="checkbox"/> 8.) Participant Agreement Form (This is a subrecipient-specific form)	

Database Requirements	EMI Office Use Only
<input type="checkbox"/> ASSET (Enrollment) <ul style="list-style-type: none"><input type="checkbox"/> Objective Assessment Service<input type="checkbox"/> Assessments for TABE<input type="checkbox"/> Assessments for Career Assessment<input type="checkbox"/> Assessments, Comprehensive Assessment<input type="checkbox"/> ISS Development Service<input type="checkbox"/> Employability Plan (ISS) or CEPT<input type="checkbox"/> Separate Customer Note for each enrollment service leading to participation<input type="checkbox"/> Upload all documents into ASSET (Once reviewed by EMI Staff)	
<i>* Create Service to Activate Participation Date in ASSET</i>	
<input type="checkbox"/> ETO - Participant Dismissed from Intake and entered into Enrolled Program	

Enrollment 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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Form Date: 01.01.26
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