



## Application Addendum – WISE

Section 1: Applicant Information (Please Print)					
Last Name		First Name			
Middle Initial					
Enrollment Status	<input type="checkbox"/> Original <input type="checkbox"/> Re-enrollment				
Section 2: Emergency Contact (Please Print)					
Last Name		First Name			
Relationship to Participant					
Primary Phone Number	(____) ____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____				
Alternate Phone Number	(____) ____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____				
Email Address					
Section 3: Priority of Service (Only assessed at the time of original enrollment)					
<b>Check all that apply</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 65 years of age or older  <input type="checkbox"/> Has a disability  <input type="checkbox"/> Has limited English proficiency  <input type="checkbox"/> Has low literacy skills  <input type="checkbox"/> Resides in a rural area  <input type="checkbox"/> Is homeless or at risk for homelessness  <input type="checkbox"/> Has low employment prospects           </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Is a veteran or spouse of a veteran as defined in 20 CFR 541.520(b)  <input type="checkbox"/> Has not found employment after utilizing services provided under WIOA Title I  <input type="checkbox"/> Was formerly incarcerated or on supervision from release from prison or jail within five years of the date of initial eligibility determination   <input type="checkbox"/> None of these apply           </td> </tr> </table>			<input type="checkbox"/> 65 years of age or older <input type="checkbox"/> Has a disability <input type="checkbox"/> Has limited English proficiency <input type="checkbox"/> Has low literacy skills <input type="checkbox"/> Resides in a rural area <input type="checkbox"/> Is homeless or at risk for homelessness <input type="checkbox"/> Has low employment prospects	<input type="checkbox"/> Is a veteran or spouse of a veteran as defined in 20 CFR 541.520(b) <input type="checkbox"/> Has not found employment after utilizing services provided under WIOA Title I <input type="checkbox"/> Was formerly incarcerated or on supervision from release from prison or jail within five years of the date of initial eligibility determination  <input type="checkbox"/> None of these apply
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**TSEEM CEEB!** Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414) 270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

**Section 4: Eligibility Determination and Certification. Source documentation is required.**

The following documents have been reviewed in order to establish the applicant's eligibility in the Wisconsin Senior Employment Program (WISE). Copies of **all** source documentation that can be copies as allowed by law, **must** be labeled **“For Administrative Use Only”** and attached to this form. Check **all** that apply.

I. Age	II. Residence	III. Family Size
<input type="checkbox"/> Birth certificate <input type="checkbox"/> Driver’s license <input type="checkbox"/> State, federal, or tribal ID card <input type="checkbox"/> Social Security statement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Driver’s license <input type="checkbox"/> State, federal, or tribal ID card <input type="checkbox"/> Social Security statement <input type="checkbox"/> Rental agreement <input type="checkbox"/> Voter registration card <input type="checkbox"/> Homeless shelter attestation letter <input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord/Public Housing/Lease Agreement <input type="checkbox"/> Signed third party attestation <input type="checkbox"/> Other: _____

**Section 5: Signature**

Participant Signature		Date	
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