



## EMPLOY MILWAUKEE EARN AND LEARN RELEASE FORM

- I certify that the information in this application (including income) is true to the best of my knowledge.
- I realize that I will be terminated from the program if I am found ineligible after enrollment.
- I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information.
- I agree to allow the release of information on this form for a verification check that is necessary.
- I agree to allow the release of grades, test scores, attendance, and demographic Information (for example: Name, Address, etc.) from the school that my child is attending.
- I certify that no member of my family is in a position of influence or authority, which would affect my being hired, my supervision, or the acquisition or administration on grants, which fund my position.
- I agree to have my photograph taken and used by the City of Milwaukee and the Employ Milwaukee Youth Program.
- I understand that my photo may be used in materials that promote the City of Milwaukee and the Employ Milwaukee Youth Program including, but not limited to, brochures, flyers or other promotional materials.
- I understand that the City of Milwaukee and the Employ Milwaukee Youth Program will distribute these promotional materials to various public and private sector organizations as an informational and marketing tool, and by signing this agreement I acknowledge the right of the City of Milwaukee and the Employ Milwaukee Youth Program to undertake such actions.
- I have been advised that customer satisfaction is important to the program management staff and the State of Wisconsin. I understand that the above-named participant may be contacted for information about his/her experience with the services that have been provided, and hereby give my consent for a telephone interview for that purpose.
- I also understand that participation in a customer satisfaction survey is voluntary and that refusal to grant this permission will not affect my child's eligibility to receive needed services.
- I understand that if I am a male, I must be registered for Selective Service 30 days prior to, on, or after my 18<sup>th</sup> birthday for Employ Milwaukee Youth Program participation and receiving youth services.
- I understand that this is a Federal requirement and that if I have not registered for Selective Service within this time period, any and all funded services that I may be receiving will be terminated immediately.

Participant Signature:		Date Signed:	
Parent Signature: (if under the age of 18)		Date Signed:	

*Thank you for your interest In Employ Milwaukee's Earn & Learn Community Work Experience. Only completed applications will be processed. Submission of a completed application does not designate automatic acceptance into the program. Due to limited funding, all applicants are not guaranteed a position.*

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Elizabeth Jankowski, Equal Opportunity Officer, at 414-270-1759 or [Elizabeth.Jankowski@EmployMilwaukee.org](mailto:Elizabeth.Jankowski@EmployMilwaukee.org). Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

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**TSEEM CEEB!** Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauv 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)-270-1759** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

**EMPLOY MILWAUKEE DOL-FUNDED PROGRAM INCOME WORKSHEET**

<b>Applicant Name</b>		<b>Date of Birth</b>	
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**Do you meet any of the following conditions that would define you as a dependent of a family member?**

- ☐ Have a Social Security number **AND** are the son, daughter, adopted child, stepchild, foster child, or a descendant of any one of these relations (e.g., a grandchild) of the individual claiming him or her as a dependent.
- ☐ Are the brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of any one of these relations (e.g. a niece or nephew) of the individual claiming him or her as a dependent **AND** are under the age of 19 and younger than the individual or at least one member of a married couple.
- ☐ Are a full-time student under the age of 24 and younger than the individual or one member of a married couple.
- ☐ Are permanently and totally disabled regardless of age **AND** live with the individual in the United States for more than half of the year (i.e. at least 183 days) **AND** not be claimed as a dependent by somebody else.
- ☐ No, none of these conditions apply to me.

For income calculation purposes, a **family** is defined as two or more persons related by blood, marriage or decree of court, who are living in a single residence and are included in one or more of the following categories:

- A married couple and dependent children;
- Parent or guardian and dependent children;
- A married couple.

**Income to Include. For purposes of the WIOA Title I-B programs, the following is counted as income:**

- [Gross earnings](#) from salaries, wages, tips, fees, commissions, cash bonuses and similar types of compensation for services. [Always count the applicant's gross earnings, regardless of age.]
- [Net revenue](#) derived from ownership or part ownership of a business or farm
- Unemployment compensation
- Worker's compensation
- Alimony or separate maintenance payments
- Child support
- [Social Security \(Old-Age, Survivors, and Disability Insurance\)](#)
- Retirement income (includes income from [defined benefit](#) and [defined contribution](#) plans and military retirement pay)
- Annuities
- Interest and dividends
- [Net rental income](#)
- [Royalties](#)
- Income from estates, trusts, and life insurance policies

**Income to Exclude**

- Earnings of members who are under the age of 18
- Earnings of members who are between the ages of 18 and 26 and in school
- Military or Veteran's pay, allowances or benefits
- Public assistance (e.g. government cash assistance programs)
- [Supplemental Security Income \(SSI\)](#) payments
- Any allowance, earnings, or payments stemming from participation in WIOA Title I-B programs
- Loans, grants, or scholarships

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## EMPLOY MILWAUKEE DOL-FUNDED PROGRAM INCOME WORKSHEET

Date of Income Calculation		Date 6 Months Prior	
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To determine your family income for this application, please list every family member who lived in the same residence as you over the last six months.

Name	Relationship to You	Age	Wages Earned		Other Includable Income		
			Amount	Frequency	Source	Amount	Frequency
	Self						

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge and belief.

Applicant Signature	Date Signed

### THIS SECTION TO BE COMPLETED BY STAFF

Family Size		Annual Income		100% of FPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	70% of LLSIL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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#### Federal Poverty Line (FPL), Updated 03.01.18, Lower Living Standard Income Level (LLSIL), Updated 06.06.18

Persons in the family, including applicant		1	2	3	4	5	6	7	8	For each additional person
FPL for Annual Incomes		\$12,140	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380	\$4,320
LLSIL* for Annual Incomes	70% of LLSIL	\$9,658	\$15,831	\$21,728	\$26,824	\$31,653	\$37,025	\$42,397	\$47,769	\$5,372

\*LLSIL data on this table is relevant for Metro counties, such as Milwaukee. If applicant does not reside in Milwaukee County, you must visit [https://dwd.wisconsin.gov/wioa/llsil\\_fpl.htm](https://dwd.wisconsin.gov/wioa/llsil_fpl.htm) to determine whether the Metro or Non-Metro LLSIL must be used.

By signing below, I attest that the individual whose signature appears above provided the information recorded on this application. I understand that failure to properly verify information referenced in this document could lead to disallowed costs for my employer.

Staff Printed Name	Staff Signature	Date Signed



## EMPLOY MILWAUKEE AUTHORIZATION TO RELEASE INFORMATION FORM

Please review this Authorization to Release Information Form carefully. If you have any questions, please contact your Career Planner.

### Release of Information for Eligibility and Service Provision

I authorize the release of my information to Employ Milwaukee and my Career Planner as necessary to determine my eligibility for employment and training programs, services, and activities. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as those provided by partners in the American Job Center Network. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

### Release of Information for Educational Institution

I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to Employ Milwaukee and my Career Planner. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records, that Employ Milwaukee and my Career Planner must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

### Release of Information for Employment

I authorize the release of my current and past employment information to Employ Milwaukee and my Career Planner. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

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## EMPLOY MILWAUKEE AUTHORIZATION TO RELEASE INFORMATION FORM

I do hereby authorize the release of information, in conjunction with my participation in Employ Milwaukee workforce programming for the above described purposes. I understand that for records management purposes, this Authorization to Release Information is valid for a seven (7) year period from the date of my signature or until revoked in writing.

<b>Printed Name</b>	<b>Date of Birth</b>
<b>Signature</b>	<b>Date Signed</b>

<b>Parent/Guardian Name (if applicant/participant is under 18 years of age)</b>	
<b>Parent/Guardian Signature</b>	<b>Date Signed</b>

<b>Staff Printed Name</b>	<b>Staff Agency</b>
<b>Staff Signature</b>	<b>Date Signed</b>

**EMPLOY MILWAUKEE PROMOTIONAL CONSENT FORM**

Release of Information for Promotional Purposes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I willingly allow the use of any information regarding my participation and experiences in Employ Milwaukee-administered programs for purposes of promoting Employ Milwaukee and the American Job Center Network. This information may be in written materials and websites.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I willingly allow the use of any photograph taken by Employ Milwaukee for purposes of promoting Employ Milwaukee and the American Job Center Network. Photographs may be included in written materials and websites.

I understand that authorizing the release of information or photographs for promotional purposes is not required for my participation in Employ Milwaukee workforce programming. I understand that for records management purposes, this Promotional Consent Form is valid for a seven (7) year period from the date of my signature or until revoked in writing.

<b>Printed Name</b>	<b>Date of Birth</b>
<b>Signature</b>	<b>Date Signed</b>

<b>Parent/Guardian Name (if applicant/participant is under 18 years of age)</b>	
<b>Parent/Guardian Signature</b>	<b>Date Signed</b>

<b>Staff Printed Name</b>	<b>Staff Agency</b>
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