



THIRD-PARTY ENTITY VERIFICATION FORM

Applicant Name	Applicant Date of Birth	Application Date

	Applies?*	Verifying Applicant or Family Member Information?	Verified?	Agency Verifying	Agency Telephone Number	Agency Staff Person Verifying	Verification Date
FoodShare Assistance	<input type="checkbox"/>		<input type="checkbox"/>				
Assistance through W2	<input type="checkbox"/>		<input type="checkbox"/>				
State or Local-Based Public Assistance	<input type="checkbox"/>		<input type="checkbox"/>				
Assistance through SSI	<input type="checkbox"/>		<input type="checkbox"/>				
Free or Reduced Lunch	<input type="checkbox"/>	WIOA Youth Program Applicants Aged 18 and Younger Only	<input type="checkbox"/>				
Unemployment Insurance	<input type="checkbox"/>	Applicant Only	<input type="checkbox"/>				
Other:	<input type="checkbox"/>		<input type="checkbox"/>				

**True for Applicant + No Other Acceptable Documentation Available*

I attest that the information recorded by me on this document was obtained through telephone or in person contact on the above date(s). As indicated by the agent(s), all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

Staff Printed Name	Staff Agency
Staff Signature	Date Signed

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