



WIOA ADULT PROGRAM PRIORITY OF SERVICE ACKNOWLEDGEMENT AND VERIFICATION FORM

BACKGROUND

Employ Milwaukee has adopted the Wisconsin Department of Workforce Development’s Adult Priority of Service Policy, as referenced in the Wisconsin Workforce Innovation and Opportunity Act (WIOA) Titles I-A and I-B Policy and Procedures Manual, Section 8.3.2 (<https://dwd.wi.gov/wioa/policy/08/08.3.2.htm>).

PURPOSE

Priority of service means the right to take precedence over a person with lower priority in obtaining employment and training services. Your Career Planner will assess, at the time of eligibility determination, if you will receive priority of service, and you will be informed of the priority tier that applies to you. You must meet all the eligibility requirements for the WIOA Adult Program to be entitled to rights to priority of service within the WIOA Adult Program’s group of participants. If, during your participation in the WIOA Adult Program, something changes that may allow you to receive a higher priority of service than that assigned to you at enrollment, please notify your Career Planner so that s/he may reassess your status.

While veterans and eligible spouses of veterans receive priority of service in all WIOA Title I-B programs, priority for individualized career and training services must be given to participants of the Adult Program in this order:

- First: Veterans and eligible spouses of veterans who are low-income or basic skills deficient.
- Second: Individuals who are low-income or basic skills deficient but are not veterans or eligible spouses.
- Third: Veterans and eligible spouses of veterans who are not low-income or basic skills deficient.
- Fourth: Everyone else.

ACKNOWLEDGEMENT

I acknowledge that I have read, understand, and received a copy of WI DWD’s Adult Priority of Service Policy. I certify that the information provided on this document is true and accurate to the best of my knowledge and belief.

Applicant Printed Name	Date of Birth
Applicant Signature	Date Signed

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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.



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THIS SECTION TO BE COMPLETED BY ADULT PROGRAM SERVICE PROVIDER STAFF

PRIORITY OF SERVICE DETERMINATION	
Priority Assessment Timing	<input type="checkbox"/> Enrollment (Initial Eligibility Determination) <input type="checkbox"/> Re-Calculation during Participation (Due to Status Change)
Participant's Priority of Service Tier (select only one):	
<input type="checkbox"/>	1: Veterans and eligible spouses of veterans (covered persons) who are low-income or basic skills deficient.
<input type="checkbox"/>	2: Non-covered persons (individuals who are not veterans or eligible spouses) who are low-income or basic skills deficient.
<input type="checkbox"/>	3: Veterans and eligible spouses of veterans who are not low-income or basic skills deficient.
<input type="checkbox"/>	4: Non-covered persons without priority.

STATUS	ACCEPTABLE DOCUMENTATION	ATTACHED
Veteran or Eligible Spouse	Employ Milwaukee Veterans and Eligible Spouses Priority of Service Acknowledgement and Verification Form	<input type="checkbox"/> Yes <input type="checkbox"/> Does not apply.
Low Income	Low Income Checklist in conjunction with: <ul style="list-style-type: none"> DOL-Funded Program Income Worksheet Third Party Verification Form 	<input type="checkbox"/> Yes <input type="checkbox"/> Does not apply.
Basic Skills Deficient	<ul style="list-style-type: none"> WI DWD Basic Skills Screening Tool (https://dwd.wi.gov/wioa/policy/08/08.3.A.pdf) 	<input type="checkbox"/> Yes <input type="checkbox"/> Does not apply.

By signing below, I attest that I have properly assessed the individual for priority of service as referenced above.

I have documented the Priority of Service tier in an ASSET Case Note.

Staff Printed Name	Staff Agency
Staff Signature	Date Signed