



WIOA Title 1 Adult – Application & Eligibility Authorization Form

Applicant's Name: _____ **ASSET Pin:** _____

| Application Required Documents (Date Submitted is the trigger for 30 days to determine Eligibility) | EMI Office Use Only |
|--|---------------------|
| <input type="checkbox"/> 1.) WIOA Title 1 Adult - Eligibility & Enrollment Authorization Form – March 2021 | |
| <input type="checkbox"/> 2.) Employ Milwaukee Agency Intake Form – March 2021 | |
| <input type="checkbox"/> 3.) Employ Milwaukee DOL-Funded Program Application – March 2021 | |
| <input type="checkbox"/> 4.) Employ Milwaukee Medical Disability Supplemental Form (housed separate from file) – March 2021 | |
| Database Requirements (You have 10 days to enter into ASSET from the date of submission) | |
| <input type="checkbox"/> ASSET <input type="checkbox"/> Customers (All entries need to align with the intake forms) <input type="checkbox"/> Programs (All entries need to align with the intake forms) <input type="checkbox"/> Upload all documents into ASSET | |
| <input type="checkbox"/> ETO – Participant entered in Intake Program | |
| NOTE – Retain Documents but do not turn into EMI for review until Eligibility Determination | |

Application Status: Date of Submission: _____

Date Entered into ASSET: _____

| Eligibility Required Documents (in this order) | |
|--|--|
| <input type="checkbox"/> 5.) WIOA– Participant Document Verification Form (copy of documents) – March 2021 <input type="checkbox"/> Proof of Date of Birth Documentation <input type="checkbox"/> Proof of Eligible to Work in US (1 item from column A OR 1 item from B and C of the I-9 list) <input type="checkbox"/> Selective Service Form & Documentation (if applicable) – (housed separate from file) March 2021 <input type="checkbox"/> -Selective Service: Waiver Request Form (if applicable) <input type="checkbox"/> -Selective Service: Waiver-Approval Letter from EMI (if applicable) <input type="checkbox"/> Proof of Veteran Status Documentation (if applicable) | |
| <input type="checkbox"/> 6.) DOL- Funded Program Income Worksheet (copy of income documents) – March 2021 | |
| <input type="checkbox"/> 7.) Priority of Service WIOA Adult Program Acknowledgement – March 2021 | |
| <input type="checkbox"/> 8.) Basic Skills Screening Tool Form (DWD/Job Center of WI) | |
| <input type="checkbox"/> 9.) Third-Party Entity Verification Form (if applicable) – March 2021 | |
| <input type="checkbox"/> 10.) Limited English Proficiency Access Form (LEP) (if applicable) – March 2021 | |
| <input type="checkbox"/> 11.) Employ Milwaukee Equal Opportunity Notice and Acknowledgement Form – March 2022 | |
| <input type="checkbox"/> 12.) Grievance Procedure Summary and Acknowledgement Form – March 2022 | |
| <input type="checkbox"/> 13.) Employ Milwaukee Authorization to Release Information Form – March 2021 | |
| <input type="checkbox"/> 14.) Notice of Anti-Harassment Procedures and Acknowledgement Form – March 2021 | |

Database Requirements

- ASSET (Eligibility)**
 - Services - Eligibility Determination
 - Documents – Data validation uploads
 - Employment (Most recent employment)
 - Customer note for eligibility determination status
 - Customer notification of eligibility determination case note
 - Customer note for Selective Service Waiver entered (if applicable)
 - Customer note for Priority of Service determination outcome
 - Upload all documents into ASSET

Eligibility status: Approved Not approved: Reason: _____

(Submit Documents to EMI to include Application & Eligibility)

(Career Planner Signature) (Agency) (Date) (Manager/QA Initial) (Date)

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(EMI Staff Signature) (Date)

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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.