



### QUEST DWG – Application & Eligibility Authorization

Applicant's Name: \_\_\_\_\_ ASSET Pin: \_\_\_\_\_

<input type="checkbox"/> CHECK HERE IF THIS PARTICIPANT IS ALREADY ENROLLED IN WIOA TITLE I-B AND THIS IS A CO-ENROLLMENT (Co-enrollments only require blue items to be completed)	<b>EMI Office Use Only</b>
<b>Application Required Documents (Date Submitted is the trigger for 30 days to determine Eligibility)</b> Please provide documents in the order they are listed on this form.	
<input type="checkbox"/> 1.) QUEST DWG Application & Eligibility Authorization – Nov. 2024 (this form)	
<input type="checkbox"/> 2.) Agency Intake Form – Oct. 2024	
<input type="checkbox"/> 3.) Employ Milwaukee DOL-Funded Program Application – Mar. 2021	
<input type="checkbox"/> 4.) Medical and Disability Supplemental Form (housed separate from file) – Oct. 2024	
<input type="checkbox"/> 5a.) WIOA Dislocated Worker Application Addendum – Oct. 2024 OR <input type="checkbox"/> 5b.) QUEST Adult Worker Application Addendum – Nov. 2024	
<b>Database Requirements (You have 10 days to enter into ASSET from the date of submission)</b>	
<input type="checkbox"/> ASSET <input type="checkbox"/> Customers <input type="checkbox"/> Programs	
<input type="checkbox"/> ETO – Participant entered in QUEST-DWG Intake Program	
<b>NOTE – Retain Documents but do not turn into EMI for review until Eligibility Determination</b>	

**Application Status: Date of Submission:** \_\_\_\_\_ **Date Entered into ASSET:** \_\_\_\_\_

<b>Eligibility Required Documents (in this order)</b>	
<input type="checkbox"/> 6.) DWG & WIOA–Document Verification Checklist – (include copy of documents if applicable) – Mar 2021 <ul style="list-style-type: none"> <li><input type="checkbox"/> Date of Birth (self-attestation allowable)</li> <li><input type="checkbox"/> Eligible to Work in US verification (1 item from column A <b>or</b> 1 item from B <b>and</b> C of the I-9 list) (this item does not need to be provided at intake for eligibility but is required for training, employment, and other services)</li> <li><input type="checkbox"/> Selective Service Form &amp; Documentation (if applicable) – Mar. 2021             <ul style="list-style-type: none"> <li><input type="checkbox"/> -Selective Service: Waiver Request Form – May 2022 (if applicable)</li> <li><input type="checkbox"/> -Selective Service: Waiver-Approval Letter from EMI (if applicable)</li> </ul> </li> <li><input type="checkbox"/> Proof of Veteran Status Documentation (if applicable)</li> </ul>	

**QUEST-DWG-Participant Eligibility (Check only 1 box. Number must correlate with Addendum)**

Meet the requirements for **at least one** of the four QUEST-DWG eligibility categories. (Attach attestation form)

- 1. Dislocated workers, as defined in WIOA sec. 3(15).
- 2. Individuals temporarily or permanently laid off as a consequence of the COVID-19 pandemic.
- 3. Individuals who are long-term unemployed.
- 4. Self-employed individuals who became unemployed or significantly underemployed as a result of the COVID-19 pandemic.

7.) DOL-Funded Program Income Worksheet – Oct. 2024

8.) Veterans and Eligible Spouses Priority of Service Acknowledgement (if applicable) – Oct. 2024

9.) Basic Skills Screening Tool Form (DWD/Job Center of WI) – Jul. 2019

10.) Third-Party Entity Verification Form (if applicable) – Mar. 2021

11.) Limited English Proficiency (LEP) Refusal (if applicable) – Mar. 2021

12.) EO Notice and Grievance Procedure Summary and Acknowledgement Form – Oct. 2024

13.) Authorization to Release Information and Promotional Consent Form – Oct. 2024

**Database Requirements -----**

**ASSET**

- Services -- Eligibility Determination
- Employment (Most recent employment w/in previous six months – if applicable)
- Customer Note for eligibility determination status identifying QUEST eligibility criterion
- Customer Note for Selective Service Waiver entered (if applicable)
- Customer Note for Eligible to Work in the US verification collected/not collected

Eligibility status:  Approved  Not approved: Reason: \_\_\_\_\_

**(Submit Documents to EMI to include Application & Eligibility)**

\_\_\_\_\_  
(Career Planner Signature)

\_\_\_\_\_  
(Agency)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Manager Initial)

\_\_\_\_\_  
(Date)

**Employ Milwaukee Office Use Only-----**

\_\_\_\_\_  
(EMI Staff Signature)

\_\_\_\_\_  
(Date)

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