



## WIOA Title 1 Dislocated Worker (DW) Application & Eligibility Authorization

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 DW – Application & Eligibility Authorization – Oct. 2024   |                     |
| <input type="checkbox"/> 2.) Agency Intake Form – Oct. 2024  |                     |
| <input type="checkbox"/> 3.) DOL-Funded Program Application – Mar. 2021                              |                     |
| <input type="checkbox"/> 4.) WIOA Dislocated Worker Application Addendum – Oct. 2024                 |                     |
| <input type="checkbox"/> 5.) Medical Disability Supplemental (housed separate from file) – Oct. 2024 |                     |

| Database Requirements (You have 10 days to enter into ASSET from the date of submission)           | EMI Office Use Only |
|--|---------------------|
| <input type="checkbox"/> <b>ASSET</b>  |                     |
| <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"/> ETO – Participant entered in Intake Program                               |                     |
| <b>NOTE – Retain Documents but do not turn into EMI for review until Eligibility Determination</b> |                     |

|                           |                          |                               |
|---------------------------|--------------------------|-------------------------------|
| <b>Application Status</b> | Date of Submission _____ | Date Entered into ASSET _____ |
|---------------------------|--------------------------|-------------------------------|

| Eligibility Required Documents (in this order)  | EMI Office Use Only |
|---|---------------------|
| <input type="checkbox"/> 6.) Document Verification Checklist (copy of documents) – Mar. 2021                              |                     |
| <input type="checkbox"/> Proof of Date of Birth Documentation OR  |                     |
| <input type="checkbox"/> Self-Attested to Date of Birth   |                     |
| <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) OR |                     |
| <input type="checkbox"/> Eligibility to work documentation NOT collected during eligibility                               |                     |
| <input type="checkbox"/> Selective Service Form & Documentation (if applicable) (housed separate from file) Mar. 2021     |                     |
| <input type="checkbox"/> Selective Service: Waiver Information and Request (if applicable) – May 2022                     |                     |
| <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"/> Proof of Dislocated Worker Eligibility (if applicable)   |                     |
| <input type="checkbox"/> 7.) DOL- Funded Program Income Worksheet (copy of income documents if applicable) – Oct. 2024    |                     |
| <input type="checkbox"/> 8.) Veterans & Eligible Spouses Priority of Service Acknowledgement (if applicable) – Oct. 2024  |                     |
| <input type="checkbox"/> 9.) Basic Skills Screening Tool Form (DWD/Job Center of WI) – Jul. 2019                          |                     |



|                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | 10.) Third-Party Entity Verification Form (if applicable) – Mar. 2021               |  |
| <input type="checkbox"/> | 11.) Limited English Proficiency (LEP) Refusal (if applicable) – Mar. 2021          |  |
| <input type="checkbox"/> | 12.) EO Notice and Grievance Procedure Summary and Acknowledgement Form – Oct. 2024 |  |
| <input type="checkbox"/> | 13.) Authorization to Release Information and Promotional Consent Form – Oct. 2024  |  |

| Database Requirement  | EMI Office Use Only |
|---|---------------------|
| <input type="checkbox"/> ASSET (Eligibility)  |                     |
| <input type="checkbox"/> Services - Eligibility Determination                               |                     |
| <input type="checkbox"/> Employment (If previously employed, enter most recent employment)  |                     |
| <input type="checkbox"/> Customer note for eligibility determination status                 |                     |
| <input type="checkbox"/> Customer note with date eligibility notification occurred          |                     |
| <input type="checkbox"/> Customer note for Selective Service Waiver entered (if applicable) |                     |
| <input type="checkbox"/> Upload all documents into ASSET (once reviewed by EMI Staff)       |                     |

**Eligibility status:**     Approved     Not approved, reason: \_\_\_\_\_

(Submit Documents to EMI to include Application & Eligibility)

|                          |              |      |                         |      |
|--------------------------|--------------|------|-------------------------|------|
| Career Planner Signature | Subrecipient | Date | Manager/<br>QA Initials | Date |
|--------------------------|--------------|------|-------------------------|------|

**EMI Office Use Only**

|                     |      |
|---------------------|------|
| EMI Staff Signature | Date |
|---------------------|------|

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