



### WIOA Title 1 Dislocated Worker (DW) – Enrollment Authorization

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

Enrollment Required Documents (in this order)	EMI Office Use Only
<input type="checkbox"/> 1.) WIOA Title 1 DW – Enrollment Authorization Form – Oct. 2024	
<input type="checkbox"/> 2.) Anti-Harassment Notice and Rights and Responsibilities Acknowledgement – Oct. 2024	
<input type="checkbox"/> 3.) TABE/CASAS Reading and Math Scores (if applicable)	
<input type="checkbox"/> 4.) Notice of Comprehensive Assessment Tools	
<input type="checkbox"/> 5.) Career Assessment Cover Sheet & Results– Aug. 2023	
<input type="checkbox"/> 6.) Individual Employment Plan Print Out (IEP from ASSET - Signed)	
<input type="checkbox"/> 7.) ESS-CEPT Printout (Signed by participant and career planner)	
<input type="checkbox"/> 8.) Participant Agreement Form (This is a subrecipient specific form)	

Database Requirements	EMI Office Use Only
<input type="checkbox"/> ASSET (Enrollment) <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessments-Comprehensive Assessment</li> <li><input type="checkbox"/> Assessments- Test Scores for TABE/CASAS (if applicable)</li> <li><input type="checkbox"/> Assessments- Test Scores for Career Assessment</li> <li><input type="checkbox"/> IEP Development/Manage Employability Plan or CEPT</li> <li><input type="checkbox"/> Services- Initial and/or Comprehensive Assessment</li> <li><input type="checkbox"/> Services- IEP Development</li> <li><input type="checkbox"/> Customer note for Assessments provided (Dates need to align)</li> <li><input type="checkbox"/> Customer note for IEP provided (Dates need to align)</li> <li><input type="checkbox"/> Upload all documents into ASSET (Once approved by EMI Staff)</li> </ul>	
<p><b>* Create Service to Activate Participation Date in ASSET</b></p> <input type="checkbox"/> ETO - Participant Dismissed from Intake and entered into Enrolled Program	

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

**(Submit Documents to EMI for review for Enrollment / Participation)**

\_\_\_\_\_  
(Career Planner Signature) (Agency) (Date) (Manager Initial) (Date)

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

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

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