



MEDICAL AND DISABILITY SUPPLEMENTAL FORM

Employ Milwaukee is required to ask all program applicants to respond to the questions on this form. While some questions may feel personal in nature, your responses help us serve you effectively. Your personal information and records are kept secure in accordance with federal regulations.

Section 1: Customer Information			
Last Name	First Name	Middle Initial	Date of Birth
Supplemental Security Income/Social Security Disability Insurance?			
<input type="checkbox"/> No <input type="checkbox"/> SSI Only <input type="checkbox"/> SSDI Only <input type="checkbox"/> SSI and SSDI <input type="checkbox"/> SSI and a Ticket Holder <input type="checkbox"/> SSDI and a Ticket Holder <input type="checkbox"/> SSI and SSDI and a Ticket Holder <input type="checkbox"/> Not Applicable			
Single Parent: Do you have primary responsibility for one or more children under age 18 (whom you claim as dependents for tax purposes) due to being single, separated, divorced or widowed OR Are you a single pregnant woman?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.
Pregnant or Parenting: Are you a parent (including foster or adoptive) or legal guardian of one or more individuals under age 18 OR are you a pregnant woman?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.
Note: Parents should answer this question regardless of their custody status.			
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.			
Section 2: Disability Status Info Please complete this section ONLY if you have a disability. <input type="checkbox"/> All of Section 2 is Not Applicable			
Category of Disability (Please select all that apply.)			<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Vision-related Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Hearing-related Disability <input type="checkbox"/> Cognitive/Intellectual Disability <input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Not Applicable			
Do you receive disability services funded by the following? (Please select all that apply.)			<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> WI Department of Health Services (DHS) <input type="checkbox"/> A Local or State Mental Health Agency <input type="checkbox"/> Not Applicable <input type="checkbox"/> Funded via a State Medicaid Home and Community-Based Waiver (HCBS) Waiver			
Are you currently employed in one of the following work settings?			<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Working in Competitive Integrated Employment <input type="checkbox"/> Working in a Sheltered-Workshop <input type="checkbox"/> Not Applicable <input type="checkbox"/> Formerly Employed in Supported Employment <input type="checkbox"/> Working in Two or More of the Above Listed Settings <input type="checkbox"/> Working in Group Supported Employment <input type="checkbox"/> Not Currently Employed			
Which of the following customized employment services have you received?			<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Discovery Assessment Services <input type="checkbox"/> Secured Employment as a Result of Receiving Customized Employment Services and Received Extended Support Services <input type="checkbox"/> Developed a Customized Employment Search Plan <input type="checkbox"/> Employer Negotiation Services <input type="checkbox"/> Have Not Received Customized Employment Services <input type="checkbox"/> Not Applicable			
Which of the following financial capability services have you received?			<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Benefit Planning Services <input type="checkbox"/> Benefit Planning AND Financial Capability/Asset Development Services <input type="checkbox"/> Financial Capability/Asset Development Services <input type="checkbox"/> Have Not Received Financial Capability Services <input type="checkbox"/> Not Applicable			
Do you currently or have you had an Individualized Education Program (IEP) while attending secondary school?			<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> I currently have an IEP while attending secondary school. <input type="checkbox"/> Not Applicable <input type="checkbox"/> I formerly had an IEP while attending secondary school.			
Certificate of attendance/completion			<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Received a certificate of attendance/completion for successfully completing an Individualized Education Program (IEP). <input type="checkbox"/> Not Applicable			
Do you have a Section 504 Plan for reasonable accommodations?			<input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			



EMPLOY MILWAUKEE DISABILITY SUPPLEMENTAL FORM

I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this completed form.

Applicant Signature	Date Signed

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, at no cost to you please contact Carrie Hersh, Equal Opportunity Officer, at (414) 270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414) 270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414) 270-1726** para pedir asistencia en traducir y entender la información en este documento.

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.