



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"/> 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"/> 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 _____
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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 approved by EMI Staff)	

Eligibility status: Approved Not approved, reason: _____

(Submit Documents to EMI to include Application & Eligibility)

Career Planner Signature	Subrecipient	Date	Manager/ QA Initials	Date
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EMI Office Use Only

EMI Staff Signature	Date
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