



WIOA Title 1 Youth – Application & Eligibility Authorization

| Applicant's Name: ASSET PIN: | | | |
|--|-----------------------------|------------------------|--|
| Application Required Documents (Date Submitted is the trigger for 30 days | s to determine Eligibility) | EMI Office Use Only | |
| ☐ 1.) WIOA Title 1 Youth - Application & Eligibility Authorization – Oct. 2024 | | | |
| ☐ 2.) Agency Intake Form – Oct. 2024 | | | |
| ☐ 3.) DOL-Funded Program Application – Mar. 2021 | | | |
| 4.) Medical Disability Supplemental Form (housed separate from file) - Oct. 20 |)24 | | |
| ☐ 5.) WIOA Youth Application Addendum – Oct. 2024 | | | |
| Database Requirements (You have 10 days to enter into ASSET from the d | ate of submission) | | |
| ☐ ASSET ☐ Customers ☐ Programs | | | |
| ☐ ETO – Participant entered in Intake Program | | | |
| NOTE – Retain Documents but do not turn into EMI for review until Eligibil | ity Determination | | |
| Application Status: Date of Submission: Date Enter | ed into ASSET: | _ | |
| Eligibility Required Documents (in this order) | | | |
| ☐ 6.) Youth Eligibility Desk Guide - 2018 | | | |
| ☐ 7.) Basic Skills Screening Tool – Jul. 2019 or TABE/CASAS Reading and M | ath Scores | | |
| 8.) Document Verification Checklist (if eligibility to work in U.S. is provided) (copy | y of documents) – Mar. 2021 | | |
| 9.) Selective Service Form (housed separate from file) – Mar. 2021 | | | |
| ☐ 10.) Youth High Poverty Area – Oct. 2024 | | | |
| ☐ 11.) DOL- Funded Program Income Worksheet (copy of income documents if a | applicable) - Oct. 2024 | | |
| ☐ 12.) Third-Party Entity Verification Form (if applicable) – Mar. 2021 | | | |
| ☐ 13.) Veterans and Eligible Spouses Priority of Service Acknowledgement (if | applicable) - Oct. 2024 | | |
| ☐ 14.) Limited English Proficiency (LEP) Refusal (if applicable) – Mar. 2021 | | | |
| ☐ 15.) EO Notice and Grievance/Complaint Procedure Acknowledgement – O | ct. 2024 | | |
| ☐ 16.) Authorization to Release Information and Promotional Consent – Oct. 2 | <u>2</u> 024 | | |

Continued on Next Page

Form Date: 10.01.24

Page 1 of 2

| Database Requirements | | | | | | |
|---|--|-----------------|----------------------|--------|--|--|
| ASSET (Eligibility) Services - Eligibility Determin Employment (If previously em Customer note for eligibility d Customer note with date eligi Customer note for Selective S Upload all documents into AS | ployed, enter most etermination statu bility notification of Service status | s ccurred | | | | |
| Eligibility status: | | oroved: Reason: | | | | |
| (Career Planner Signature) | (Agency) | (Date) | (Manager/QA Initial) | (Date) | | |
| Employ Milwaukee Office Use Only | | | | | | |
| (EMI Staff Signature) | (Date) | | | | | |

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Form Date: 10.01.24