

**Western Wisconsin Workforce Development Area
Resource and Referral Form**



A proud partner of the AmericanJobCenter® network

IDENTIFYING INFORMATION (Please print neatly in ink)

Last Name		First Name		Middle	Phone		Today's Date	
Street Address				City		State		Zip
E-mail Address				County of Residence			Birth Date	
Race (Check at least one): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hmong <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____				Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Language _____ Disability or limitation that affects getting or keeping a job <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a member of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check which one applies: <input type="checkbox"/> <=180 days <input type="checkbox"/> Eligible Veteran <input type="checkbox"/> Other Eligible Veteran <input type="checkbox"/> None of the above Veterans and eligible spouses receive priority of services under WIOA. Please ask staff for informational flyer for Veteran's Preference.				Is your spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current occupational goal								
Highest grade level completed				Name of degree earned				

JOB SEARCH / EMPLOYMENT / PROGRAM REFERRALS

Please check the following as they apply to you, so that we may make appropriate referrals to programs and services.

<input type="checkbox"/> Job Seeking/Interviewing/Resume Assistance <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Fuel/Energy Assistance <input type="checkbox"/> Food Share <input type="checkbox"/> BadgerCare/Medical Assistance (Health Insurance) <input type="checkbox"/> Wisconsin Works (W2) or child care <input type="checkbox"/> In need of assistance with education or training <input type="checkbox"/> Homeless or at risk of homelessness <input type="checkbox"/> Money Management <input type="checkbox"/> Current transportation situation makes it difficult to get or keep a job	<input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Trouble speaking or reading English <input type="checkbox"/> Language Interpretation Services <input type="checkbox"/> Disability Related Services <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Have been dependent on the income of another family member, but no longer supported by that income <input type="checkbox"/> Seeking full-time employment <input type="checkbox"/> Unemployed due to a permanent layoff, plant closing, or farm closure. Company _____
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INFORMATION FOR PROGRAM COORDINATION (Who are you already working with?)

<input type="checkbox"/> Employment and Training Services	<input type="checkbox"/> WIC	<input type="checkbox"/> College/University
<input type="checkbox"/> Disability Services	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Literacy Services/GOAL
<input type="checkbox"/> Veteran's Services	<input type="checkbox"/> Medical Assistance/Badger Care	<input type="checkbox"/> Probation & Parole
<input type="checkbox"/> Transportation Programs	<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Domestic Abuse Programs
<input type="checkbox"/> W-2	<input type="checkbox"/> Energy Assistance/Weatherization	<input type="checkbox"/> Other _____
<input type="checkbox"/> Food Share	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Other _____

Your signature authorizes Partner Agencies to share information on an as-needed basis to coordinate services and make appropriate referrals. Your signature designates agreement to this release of information.

Name _____ Date _____

IF YOU WOULD LIKE INDIVIDUAL ASSISTANCE WITH YOUR JOB SEARCH, PLEASE FILL OUT PAGE 2 (BACKSIDE) OF THIS FORM.

Workforce Innovation & Opportunity Act (WIOA) Registration

REGISTRATION INFORMATION

Workforce Connections, Inc. provides employment and training assistance with funding from the Workforce Innovation & Opportunity Act. We need the following information so that we can provide services to you today.

- What is your gender? Male Female Other
- Yes No Are you currently attending high school, GED, HSED, alternative school, or education beyond high school?
- Yes No Are you currently employed?
- Yes No Have you currently been approved for or are you currently receiving Unemployment Insurance?
- Yes No Were you referred to us from Unemployment Insurance?
- Yes No Are you a United States citizen?
If no, are you legally authorized to work in the United States? Yes No
If you are legally authorized to work in the US, what is your work authorization expiration date? _____
- Yes No Are you a single parent?
- Yes No Are you receiving a Pell Grant for higher education?

Including yourself, how many family members (husband, wife, and dependent children) live in your home? _____

- Do you or any of your family receive any of the following cash public assistance? (Please check all that apply)
 - Yes No SSI: Supplemental Security Income
 - Yes No SSDI: Social Security Disability Insurance payments
 - Yes No General Relief payments for homelessness
 - Yes No TANF: W-2 Community Service Jobs, W-2 Transition, W-2 Custodial Parent of an Infant Benefit, Kinship Care, SSI Caretaker Supplement Benefits
 - Yes No Refugee Cash Assistance
 - Yes No Have you or a family member listed above been determined eligible for FoodShare within the last 6 months?
- Yes No Have you been subject to any stage of the criminal justice process?
- Yes No Do you require assistance in overcoming barriers to employment resulting from a record of arrest or conviction?

WORK HISTORY - (Start with your most recent job)

Employment Dates	Hourly Wage / Hours per Week	Employer	Job Title	Reason for Leaving
From ___/___/___ To ___/___/___	Hourly Wage \$_____ Number of hours worked per week_____	Name_____ City, State_____		
From ___/___/___ To ___/___/___	Hourly Wage \$_____ Number of hours worked per week_____	Name_____ City, State_____		
From ___/___/___ To ___/___/___	Hourly Wage \$_____ Number of hours worked per week_____	Name_____ City, State_____		

FOR STAFF USE ONLY	
Seen By _____	Referred To _____ ASSET PIN _____
Staff Comments/Recommendations _____	

Western Wisconsin Workforce Development Board and Workforce Connections, Inc. are equal opportunity employers and service providers. If you have a disability and need assistance with this information, please call us through Wisconsin Relay Service 7-1-1. Please contact us at (608) 789-5499 to request information in an alternate format, including translated to another language.