



**Western Wisconsin
Workforce Innovation and Opportunity Act (WIOA) Application**

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

County: _____ Email _____

Phone: _____ Date of Birth _____ Do you lack a fixed, regular, and adequate nighttime residence (homeless)? YES NO

Military Service

Are you a current or Veteran member of the military? YES NO YES NO
 Is your spouse in the military or a Veteran? YES NO

Please check which one applies:	<=180 days	Eligible Veteran	Other Eligible Person	None of the above	Have you attended any Transition Assistance Program workshops within the last 3 years?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Active Duty Begin Date _____ Active Duty End Date _____

Demographics

Gender: Male Female Other Social Security Number* _____

Race: American Indian or Alaskan Native Asian Hmong Black or African American
 Hawaiian Native or other Pacific Islander White Other _____

Ethnicity: Hispanic or Latino

English Language Learner: YES NO YES NO
 Limited English Language Proficiency YES NO

Are you a citizen of the United States? YES NO YES NO
 If you are male and born after 1/1/1960, are you registered for selective service? # YES NO

If no, are you authorized to work in the U.S.? YES NO YES NO
 If you are legally authorized to work in the US, what is your work authorization expiration date? YES NO

Are you currently incarcerated? YES NO YES NO
 Offender/Ex-Offender: YES NO YES NO
 Registered Sex Offender? YES NO

Are you pregnant or parenting? YES NO YES NO
 Are you a single parent? YES NO

Have been dependent on the income of another family member, but no longer supported by that income YES NO YES NO
 Your estimated INDIVIDUAL income during the previous 6 months \$ _____

**The Code of Federal Regulations, Title 20, Section 677.175 authorizes this program to request your social security number (SSN). We use your SSN to collect employment and educational outcome information for federal reporting. Your SSN will be used only for this purpose. The state and federal governments use outcome information to evaluate how to best help future program participants.*

It is your right to choose not to provide your SSN. If you do not provide your SSN, it will not have any effect on the services you are eligible to receive. Because the program will not be able to use your SSN to collect employment and educational outcome information for federal reporting, you agree to tell staff who contact you after you exit the program:

- if you are employed,
- how much you are earning,
- if you are enrolled in an educational program, and
- if you have earned any credentials.



A proud partner of the American Job Center network

Family and Income

Please list below every person living in your home at any one time during the last six months.

This information may be used to determine eligibility for program funding. The WIOA definition of family: Two or more persons related by blood, marriage or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- 1) a married couple and dependent children. 2) Parent or guardian and dependent children. 3) A married couple.

Name	Relationship to You	Family Member?	Age	Employer/ Source of Income	Hourly Wage	Hrs / Week	Start Date	End Date
	Self	Yes						
If any of your family members have had more than one job in the last 6 months, please provide additions here, or attach separately								

Did all of the people listed above live with you for the entire 6 months? YES NO

Do you or any of your family receive any of the following assistance? (Please check all that apply)

SSI: Supplemental Security Income	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SSDI: Social Security Disability Insurance payments	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TANF: W-2 Community Service Jobs, W-2 Transition, W-2 Custodial Parent of an Infant Benefit, Kinship Care, SSI Caretaker Supplement Benefits				LAST 6 MONTHS <input type="checkbox"/>	CURRENTLY RECEIVING <input type="checkbox"/>
Receive Free or Reduced Lunches	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FoodShare, anytime within the last 6 months?	LAST 6 MONTHS <input type="checkbox"/>	CURRENTLY RECEIVING <input type="checkbox"/>
Are you currently in foster care or have you aged out of foster care?	CURRENT <input type="checkbox"/>	AGED OUT <input type="checkbox"/>	Other Income Based Public Assistance	YES <input type="checkbox"/>	NO <input type="checkbox"/>

For each type of income listed below, please write the amount your family in this household has received per month, within the last six months (Include all income from household members listed above.)

	Per Month	Last Six Months		Per Month	Last Six Months
Gross Wages/Salary/Tips/Commissions	_____	_____	Child Support Payments	_____	_____
Net self-employment income	_____	_____	Military family allotments	_____	_____
Pensions	_____	_____	Training stipends	_____	_____
Worker's Compensation	_____	_____	Net gambling or lottery winnings	_____	_____
Strike benefits from union funds	_____	_____	Armed Forces terminal leave pay	_____	_____
Disaster Relief Employment wages	_____	_____	On-the-Job Training (OJT) wages	_____	_____
Alimony	_____	_____	Social Security Old Age Survivor's	_____	_____
Unemployment Compensation	_____	_____	Insurance proceeds (unless lump sum)	_____	_____
Wages while on reserve duty in the Armed Forces	_____	_____	Regular payments from non-household members or absent family members	_____	_____
Regular payments from pension/retirement systems	_____	_____	Non-Social Security retirement, disability, or death benefits	_____	_____
Severance pay or cash out of accrued vacation leave	_____	_____	Merit-based college/university scholarships, grants, fellowships, & assistantships	_____	_____
Money received under the Agricultural Crop Stabilization Program	_____	_____	Regular insurance or annuity (IRAs, KEOUGH, 401(i) plans, etc.) payments	_____	_____
Judgments of Indian Claim Commission of US Court of Federal Claims	_____	_____	Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts	_____	_____
Social Security Disability Insurance (SSDI)	_____	_____	Tribal per capita payments from gaming revenue	_____	_____

Alternate Contacts

1st Name Relationship Telephone Number

2nd Name Relationship Telephone Number

Education

Are you currently attending high school, GED, HSED, alternative school, or education beyond high school? YES NO What is the highest grade that you have completed?

Employment

Are you currently employed? YES NO Are you unemployed (or received notice of layoff) due to a permanent layoff, plant closing, or farm closure? YES NO

Company: If on Layoff, Dislocation Date: Did you attend a Dislocated Worker Rapid Response information session with your peers where you were dislocated? YES NO Information Session Date: Have you currently been approved for or are you currently receiving Unemployment Insurance? YES NO Were you referred to us from Unemployment Insurance or RESEA? YES NO Are you receiving Unemployment benefits and are you exempt from work search? YES NO Have you exhausted your Unemployment benefits? YES NO Are you currently seeking full-time employment? YES NO

In what occupation(s) would you like to work? (check all that apply) Construction Manufacturing Transportation Information Technology Health Care Other

WORK HISTORY - (Start with your most recent job)

From: / / Hourly Wage \$ Employer Address Reason for Leaving: To: / / # of hours per week Job Title: (Repeating for three jobs)

Questions for applicants ages 14-24

Do you have English reading, writing, or computing skills at or below the 8th grade level on a standardized test? YES NO Are you under 18 years of age and do you absent yourself from home or place of legal residence without the permission of your family (i.e., runaway youth). YES NO

I attest that the information provided on this form is true to the best of my knowledge.

Signature: Date:

The Western Wisconsin Workforce Development Board and its service providers are equal opportunity employers and service providers. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact Melisa Myers, 608-789-5499, myersm@westernwdb.org or Wisconsin Relay 711.

FOR STAFF USE ONLY

Seen by: ASSET PIN: Staff Comment/Recommendations must be documented in ASSET case notes.



Western Wisconsin WIOA Application: Disability Disclosure

Applicant

Full Name: _____ Date: _____
Last First M.I.

The definition of disability:

- have a physical or mental impairment that substantially limits one or more of their major life activities such as caring for themselves, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions;
• have a record of such impairment; OR
• are regarded as having such impairment (which means they can establish that they have been the subject of a discriminatory action under the American with Disabilities Act because of an actual or perceived impairment, regardless of whether the impairment actually limits a major life activity).

Category of Disability (check all that apply)

- No Disability
Physical/Chronic Health Condition
Physical/Mobility Impairment
Mental or Psychiatric Disability
Do not wish to disclose
Vision-related Disability
Hearing-related Disability
Learning Disability
Cognitive/Intellectual Disability

Services Received (check all that apply)

- Received services from a State Development Agency (SDDA): YES NO
Received services from a State or Local mental Health Agency (LSMHA): YES NO
Received services from a Home & Community Based Service Provider under a State Medicaid (HCBS) waiver: YES NO

Disability Work Setting:

- Competitive Integrated Employment
Individual Supported Employment
Group Supported Employment
Sheltered Workshop
Combination of two or more settings
Not Employed
Prefer not to answer

Type of Customized Employment Services Received:

- Discovery Assessment Services
Developed a customized employment search plan
Employer Negotiation Services
Employed result of customer employment services and external support services
No CES services
Prefer not to answer

Received Disability Financial Capability:

- Benefit Planning Services
Financial capability/asset development services
Benefit plan/fin capability/asset development
No
Prefer not to answer

Disability Individualized Education Program:

- Current IEP
Previous IEP
Prefer not to answer

Section 504 Plan:

- Yes
No

I attest that the information provided on this form is true to the best of my knowledge.

Signature: _____ Date: _____

The Western Wisconsin Workforce Development Board and its service providers are equal opportunity employers and service providers. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact Melisa Myers, 608-789-5499, myersm@westernwdb.org or Wisconsin Relay 711.