



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

A proud partner of the AmericanJobCenter® network

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

County: \_\_\_\_\_ Email \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Homeless

**Military Service**

Are you a current or Veteran member of the military? 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

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  Limited English Language Proficiency YES  NO

Are you able to compute or solve problems, read, write, and speak English at the level needed to function on the job, in your family, or in society? YES  NO

Do you think that you have attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working, that may serve as a difficulty to employment? YES  NO

Migrant or Seasonal Farmworker  MIGRANT  SEASONAL

Do you have a disability? YES (Please complete page 3)  NO (You may leave page 3 blank)

Are you a citizen of the United States? 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  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  Offender/Ex-Offender: YES  NO

Are you pregnant or parenting? 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  Your estimated INDIVIDUAL income during the previous 6 months \$ \_\_\_\_\_

**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? \_\_\_\_\_

Are you receiving a Pell Grant for higher education? YES  NO

**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 been unemployed for more than 27 consecutive weeks? 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 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) are you looking for work? \_\_\_\_\_

**Alternate Contacts**

1<sup>st</sup> \_\_\_\_\_

Name	Relationship	Telephone Number
------	--------------	------------------

2<sup>nd</sup> \_\_\_\_\_

Name	Relationship	Telephone Number
------	--------------	------------------

**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 <input type="checkbox"/>	NO <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"/>
Do you lack a fixed, regular, and adequate nighttime residence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Living in a High Poverty Area	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you Need Additional Assistance to complete an educational program, or to secure or hold employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>

**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) Husband, wife and dependent children.    2) Parent or guardian and dependent children.    3) Husband and wife.

Name	Relationship to You	Family Member?	Age	Employer/ Source of Income	Hourly Wage	Hrs per 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 (counted on other side) 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"/>
FoodShare, anytime within the last 6 months?	LAST 6 MONTHS <input type="checkbox"/>	CURRENTLY RECEIVING <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"/>	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	_____	_____

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR STAFF USE ONLY**

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



## Western Wisconsin WIOA Application: Additional Questions

A proud partner of the American Job Center network

Use this page ONLY if you have marked "Yes" to having a disability.

### Applicant

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

### Category of Disability (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> No Disability                     | <input type="checkbox"/> Vision-related Disability         |
| <input type="checkbox"/> Physical/Chronic Health Condition | <input type="checkbox"/> Hearing-related Disability        |
| <input type="checkbox"/> Physical/Mobility Impairment      | <input type="checkbox"/> Learning Disability               |
| <input type="checkbox"/> Mental or Psychiatric Disability  | <input type="checkbox"/> Cognitive/Intellectual Disability |
| <input type="checkbox"/> Do not wish to disclose           |  |

### Services Received (check all that apply)

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Received services from a State Development Agency (SDDA):  | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| Received services from a State or Local mental Health Agency (LSMHA):                                  | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| Received services from a Home & Community Based Service Provider under a State Medicaid (HCBS) waiver: | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

**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: \_\_\_\_\_