

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

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: 1. If you are employed, 2. How much you are earning, 3. If you are enrolled in an educational program, and 4. If you have earned any credentials.

**FAMILY AND INCOME**

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: A married couple and dependent children, parent or guardian and dependent children, or a married couple.

1. Please list below every person living in your home at any one time during the last six months. Enter your information in the first row. If any family member has had more than one job in the last six months, please list on a separate line.

Name	Relationship to you	Age	Employer	Hourly Wage	Hrs per Week	Start Date	End Date
	Self						

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

2. Please enter all other income in addition to wages in the table below.

Additional Household Income	Monthly Amount	Person receiving income	Received for last six months?	If no, please enter dates received
Net self-employment income			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Unemployment Compensation			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Worker's Compensation			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Alimony			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child Support received			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security (Old-Age or Survivor's)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Income from estates, trusts, or life insurance policies			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annuities			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interest and dividends			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Net rental Income			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Royalties			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Retirement income (including Military)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

Type of Assistance	Last 6 Months	Currently Receiving
TANF (Wisconsin Works W-2), Kinship Care, or SSI Caretaker Supplement Benefits	<input type="checkbox"/>	<input type="checkbox"/>
FoodShare benefits	<input type="checkbox"/>	<input type="checkbox"/>
Other Income-Based Public Assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Receive Free or Reduced Lunches	<input type="checkbox"/>	<input type="checkbox"/>

**APPLICANT WORK HISTORY - (Start with your most recent job)**

From	_ / _ / _	Hourly Wage \$_____	Employer _____	
To	_ / _ / _	# of hours per week _____	Address _____	
Job Title	_____		Reason for Leaving _____	
From	_ / _ / _	Hourly Wage \$_____	Employer _____	
To	_ / _ / _	# of hours per week _____	Address _____	
Job Title	_____		Reason for Leaving _____	
From	_ / _ / _	Hourly Wage \$_____	Employer _____	
To	_ / _ / _	# of hours per week _____	Address _____	
Job Title	_____		Reason for Leaving _____	

**SIGNATURE**

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

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

**Babel Notice**

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin WDB and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral, or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law. An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not assess English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual.

**English IMPORTANT!** There are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-5410 at no cost to you.

**Español ¡IMPORTANTE!** Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-5410 sin costo alguno para usted.

**Deutsch WICHTIG!** Es gibt Dokumente, die wichtige Informationen über WIOA-Schulungsdienste enthalten; wie man sich für Ausbildungsdienste bewirbt; und Ihre Rechte, Pflichten und/oder Vorteile. Es ist wichtig, dass Sie die Informationen in diesen Dokumenten verstehen. Sie können telefonische Übersetzungshilfe für alle Dokumente erhalten, indem Sie (608) 789-5410 kostenlos anrufen.

**Hmoob TSEEM CEEB!** Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (608) 789-5410 yam tsis tau them nqi rau koj.

**Accommodation Requests**

Auxiliary aids and services are available upon request to individuals with disabilities. Please contact your WIOA Title I Career Planner or the WWWDB office for such requests.

**Wisconsin Relay (7-1-1)**

Wisconsin Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech-disabled. The service is available by dialing 7-1-1 or by calling TTY 1-800-947-3529. For more information, visit [www.wisconsinrelay.com](http://www.wisconsinrelay.com).

**EO Tagline**

Western Wisconsin Workforce Development Board is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon

request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Jessie Quinn, Equal Opportunity Officer, at 608-789-5410 or [quinnj@westernwdb.org](mailto:quinnj@westernwdb.org). Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

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