

Western Wisconsin Workforce Development Area Resource and Referral Form

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 |
| Are you a member of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your spouse a Veteran? <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 <i>Veterans and eligible spouses receive priority of services under WIOA. Please ask staff for informational flyer for Veteran's Preference.</i> | | | | |
| Current occupational goal | | | | |
| Highest grade level completed | | | Name of degree earned | |

JOB SEARCH / EMPLOYMENT SERVICES AND REFERRALS *(Do you want more information?)*

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

| | |
|--|--|
| <input type="checkbox"/> Job Listings from Job Center of Wisconsin / Internet <input type="checkbox"/> Job Seeking/Interviewing/Resume Assistance <input type="checkbox"/> Self-Employment Information <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Food Share <input type="checkbox"/> Fuel/Energy Assistance <input type="checkbox"/> BadgerCare/Medical Assistance (Health Insurance) <input type="checkbox"/> Wisconsin Works (W2) or child care <input type="checkbox"/> Basic Skills Building (Reading/Math/Computer/GED/HSED) | <input type="checkbox"/> Career Exploration and Occupations (wages/trends) <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Fair Employment Law <input type="checkbox"/> State Typing Test/Typing Tutor <input type="checkbox"/> Drug & Alcohol Counseling <input type="checkbox"/> Money Management <input type="checkbox"/> Language Interpretation Services <input type="checkbox"/> Legal Assistance Program <input type="checkbox"/> Disability Related Services <input type="checkbox"/> Domestic Abuse |
|--|--|

INFORMATION FOR PROGRAM REFERRALS *(Does this describe you?)*

Please check the following as they apply to you. This will also help us to make appropriate referrals to our programs and services.

| | |
|--|--|
| <input type="checkbox"/> Unemployed due to a permanent layoff, plant closing, or farm closure. Company _____ <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"/> Arrest or conviction record that limits your ability to get or keep a job <input type="checkbox"/> In need of assistance with education or training | <input type="checkbox"/> Married to someone with a disability <input type="checkbox"/> Homeless or at risk of homelessness <input type="checkbox"/> Trouble speaking or reading English <input type="checkbox"/> Parent of a child under 18 living in the home <input type="checkbox"/> Disability or limitation that affects getting or keeping a job <input type="checkbox"/> Current transportation situation makes it difficult to get or keep a job <input type="checkbox"/> Age 55 or older <input type="checkbox"/> Between ages 14 and 24 |
|--|--|

INFORMATION FOR PROGRAM COORDINATION *(Who are you already working with?)*

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

Affirmative Action/Equal Employment Opportunity Employer/Program
 Auxiliary aids and services are available upon request to individuals with disabilities.
 TTY users call through the Wisconsin Relay System 1-800-WI-RELAY (947-3529)

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.

Social Security Number _____

What is your gender? ☐ Male ☐ Female☐ 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 _____