**APP**

**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Family and Economic Security

# Wisconsin Works (W-2) and Related Programs Registration

Your application date is set on the date you complete an interview, or the date we receive this Registration form with your name, address and signature. Homeless persons do not have to give an address. However, the entire application process, including filling out this Registration form, filling out the Application, completing an interview and signing the Application, must happen before you can receive benefits or services. We will tell you in writing within 30 calendar days whether you are eligible. It is important to set your application date as soon as you can so that you can get benefits or services as quickly as possible. The provision of your Social Security Number (SSN) is mandatory under Wisconsin Statutes 49.145 (2)(k). Your SSN may be verified through computer matching programs and may be used to monitor compliance with program regulations and program management. Your SSN may be disclosed to other Federal and State Agencies for official examination. If you do not provide your social security number, your application for benefits will be denied. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**W-2:** You will meet with a Resource Specialist on the day you give this signed Registration form to the W-2 agency or the next work day. Payments or services may begin effective the date of your placement in a W-2 employment position.

**Refugee Cash Assistance (RCA):** Eligibility begins on the application date. Payments are prorated for the first and last month’s benefits. The initial payment must be made within five working days following determination of eligibility and each monthly payment shall be made by the first of the month therafter.

**How to use this Registration form**

1. Use blue or black ink.
2. Do not write in shaded areas.
3. If you need help filling out this Registration form, contact the local agency listed below. If you have a disability and need access to this application in an alternate format, or need it translated to another language, contact the local agency listed below. These translation services are free of charge.

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| **Agency Information** | | | | | |
| Agency Name | | Agency Telephone Number | | | Date Received (mm/dd/yyyy) |
| Agency Address (Street, City, State, Zip Code) | | | RFA / Case Number | | |
| **Registration** | | | | | |
| Applicant Name | | Applicant Home Telephone Number | | | |
| Applicant Residence Address (Street, City, State, Zip Code) | | | | | |
| Social Security Number (Applicant Only)\* | Gender (check one)  Male  Female | | | Birthdate (mm/dd/yyyy) | |
| **SIGNATURE** – Applicant (or Telephonic Signature Interaction ID) | | | | | Date Signed (mm/dd/yyyy) |
| **SIGNATURE** – Authorized Representative | | | | | Date Signed (mm/dd/yyyy) |

[Authorization of Participant Representative form (DCF-F-DWSP2375) must also be completed.]

* Did you receive the ***Benefits and Services Offered at Wisconsin Works (W-2) Agencies*** (DCF-P-DWSP11890)brochure? You may be eligible for other benefits and services and this brochure tells you what may be available to you and your family.
* Did you receive the ***What to Bring With You*** (DCF-F-DWSP2372) brochure? When applying, you may be asked to provide proof of information such as: Age, Identity, Social Security Number, Citizenship Status, Income and Assets for all persons applying for assistance. The ***What to Bring With You*** brochure tells you what to bring to the interview.