**Wisconsin Works (W-2) and Related Programs Application**

**What programs are you applying for?** (Check all that apply)

W-2 Program  Job Access Loan  Child Care Assistance  Refugee Cash Assistance (RCA)

**How to use this Application form**

1. Use blue or black ink.
2. Do not write in shaded areas.
3. Fill out this application completely, but do not sign it until you meet with an agency staff person.
4. If more space is needed, use additional sheets of paper.
5. If you need help filling out this Application form, contact the local agency listed in Section I of this application. 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 in Section I of this application. These translation services are free of charge.

**Did you receive the following documents?** Please read them and keep them for future use.

* Rights and Responsibilities – A Help Guide (DCF-P-DWSP398)
* W-2 Participation Agreement (DCF-F-DWSP10755-E) (W-2 and RCA Applicants Only)

**Are you only applying for Child Care?** If yes, you can skip Section VIII, Part 2; Section VIII, Employment History; and Section IX.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I: W-2 agency, county or tribal human/social services agency Information** (To be filled out by the agency only)  DWSW-2471 (R. 03/2005) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency Name | | | | | | | | | | | Agency Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | | Date Received | | | | | | | | | | | | | | |
| Agency Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | | | | | | Case Name | | | | | | | | | | | | | Case Number | | | | | | | | | | | | | | |
| **Section II: Person Completing the Application If Not the Applicant** (If you need help completing this application, you can have another person help you or appoint an Authorized Representative to represent you in the application process. Then have that person answer the following questions. If not, skip to Section III). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Person Completing Application (if other than Applicant) | | | | | | | | | | | | | | Relationship to Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Number | | | | | | |
| **Section III: Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Applicant Home Telephone Number | | | | | | | | | | | | | | | | |
| Applicant Maiden or Other Name Used | | | | | | | | | | | | | | | | Applicant Work Telephone Number | | | | | | | | | | | | | | | | | | | Other Telephone Number Where Applicant Can Be Reached | | | | | | | | | | | | | | | |
| Applicant Residence Address | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | Zip Code | | | | |
| Applicant Mailing Address (if different) | | | | | | | | | | | | | | | | Check the language in which you want program notices printed:  English  Spanish | | | | | | | | | | | | | | | | | | | Primary language spoken in your home? | | | | | | | | | | | | | | | |
| **Section IV: Household Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List the names of all persons living in your household (start with yourself)  Name (Last, First, MI) | | | Are you applying for assistance for this person? | | Social Security Number  (Those applying only) | | | | Date of Birth  (MM/DD/CCYY)  *Example*: 09/08/1965 | | | | | | | | Gender  M – Male  F – Female | | | | | | | | | Marital Status | | | | U.S. Citizen or Qualified Alien  (Those applying only) | | | | | | | Ethnicity\*  (Optional) | | | Race\*\* (Optional) | | | | | | | Relationship to Applicant  *Example*: Parent, boyfriend, son, daughter, friend | | | | |
|  | | | Yes  No | |  | | | |  | | | | | | | | M  F | | | | | | | | | Married  Single  Divorced | | | | Yes  No | | | | | | |  | | |  | | | | | | | Applicant | | | | |
|  | | | Yes  No | |  | | | |  | | | | | | | | M  F | | | | | | | | | Married  Single  Divorced | | | | Yes  No | | | | | | |  | | |  | | | | | | |  | | | | |
|  | | | Yes  No | |  | | | |  | | | | | | | | M  F | | | | | | | | | Married  Single  Divorced | | | | Yes  No | | | | | | |  | | |  | | | | | | |  | | | | |
|  | | | Yes  No | |  | | | |  | | | | | | | | M  F | | | | | | | | | Married  Single  Divorced | | | | Yes  No | | | | | | |  | | |  | | | | | | |  | | | | |
|  | | | Yes  No | |  | | | |  | | | | | | | | M  F | | | | | | | | | Married  Single  Divorced | | | | Yes  No | | | | | | |  | | |  | | | | | | |  | | | | |
|  | | | Yes  No | |  | | | |  | | | | | | | | M  F | | | | | | | | | Married  Single  Divorced | | | | Yes  No | | | | | | |  | | |  | | | | | | |  | | | | |
|  | | | Yes  No | |  | | | |  | | | | | | | | M  F | | | | | | | | | Married  Single  Divorced | | | | Yes  No | | | | | | |  | | |  | | | | | | |  | | | | |
| \*For ***Ethnicity***, if you are Hispanic or Latino write it in the space provided, otherwise leave blank  \*\*For ***Race***, enter any of the following that apply: Asian, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, White | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section V: Nonfinancial Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you the parent of a child(ren) under the age of 18? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | Does your child(ren) live with you? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Are you age 18 or older? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | Do you have legal custody of any child(ren) who live with you? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Have you refused or quit a job within the past six (6) months? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | Are you receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Did you participate in a W-2 in the past six (6) months? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | Are you a migrant worker in Wisconsin? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Is there any member of the household who is a fleeing felon who is avoiding prosecution or who is violating a condition of probation or parole or who has been convicted of a drug felon since August 22, 1996?  If yes, write in name or names: | | | | | | | | | | | | | | | | | | | Yes  No | | | | | Are you pregnant?  If yes, what is your due date? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Is there any other person in your household getting W-2 payments? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | Do you intend to continue living in Wisconsin? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Are you on strike from a job?  If yes, when did the strike start? | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **Section VI: Absent Parent Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do any children have a natural or adoptive parent(s) who is not living in the home?  Yes  No (If no, skip to Section VII) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Absent Parent | | | | | | Social Security Number (only if available) | | | | | | | | | Date of Birth  (MM/DD/YY) | | | | | | | | | | | Name(s) of Child(ren) | | | | | | | | | | | | | | | | | Relationship to Child | | | | | | | |
| Reason for Parent Absence | | | | | | | | | | | | | | | | | | Date Parent Left Household | | | | | | | | | | | | | Date Last Contact with Parent | | | | | | | | | | | | Paternity Established  Yes  No | | | | | | | |
| Name of Absent Parent | | | | | | Social Security Number (only if available) | | | | | | | | | Date of Birth  (MM/DD/YY) | | | | | | | | | | | Name(s) of Child(ren) | | | | | | | | | | | | | | | | | Relationship to Child | | | | | | | |
| Reason for Parent Absence | | | | | | | | | | | | | | | | | | Date Parent Left Household | | | | | | | | | | | | | Date Last Contact with Parent | | | | | | | | | | | | Paternity Established  Yes  No | | | | | | | |
| Name of Absent Parent | | | | | | Social Security Number (only if available) | | | | | | | | | Date of Birth  (MM/DD/YY) | | | | | | | | | | | Name(s) of Child(ren) | | | | | | | | | | | | | | | | | Relationship to Child | | | | | | | |
| Reason for Parent Absence | | | | | | | | | | | | | | | | | | Date Parent Left Household | | | | | | | | | | | | | Date Last Contact with Parent | | | | | | | | | | | | Paternity Established  Yes  No | | | | | | | |
| **Section VII: Financial Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 1: Household Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does anyone in the household receive income from a job?**  Yes  No (If no, skip to next question) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Member** | | | | | | | **Employer** | | | | | | | | | | | | | | | | | | | | **How often are you paid**  **(weekly, biweekly, monthly, semi-monthly)?** | | | | | | | | | | | | | | | | | | **Gross Amount** | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | $ | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | $ | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | $ | | | | |
| **Is anyone in the household self-employed or does anyone own a farm?**  Yes  No (If no, skip to next question) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business Type** | | | | | | | | | | | | | | | | | | | | | **Annual Gross Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does anyone in the household receive unearned income (such as child support, SSI, inheritance, retirement, charity)?**  Yes  No (If no, skip to next question) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Income** | |  | | **Who receives it?** | | | | | | | | **Gross Monthly Amount** | | | **Expected to Continue?** | | | | | | | **Type of Income** | | | | | | |  | | | | **Who receives it?** | | | | | | | | | **Gross Monthly Amount** | | | | | | **Expected to Continue?** | |
| Supplemental Security Income (SSI) | | Yes  No | |  | | | | | | | | $ | | | Yes  No | | | | | | | Disability/Sick Pay | | | | | | | Yes  No | | | |  | | | | | | | | | $ | | | | | | Yes  No | |
| Social Security Disability Income (SSDI) | | Yes  No | |  | | | | | | | | $ | | | Yes  No | | | | | | | Interest/  Dividends | | | | | | | Yes  No | | | |  | | | | | | | | | $ | | | | | | Yes  No | |
| Alimony/Child Support | | Yes  No | |  | | | | | | | | $ | | | Yes  No | | | | | | | Veterans Benefits | | | | | | | Yes  No | | | |  | | | | | | | | | $ | | | | | | Yes  No | |
| Workers/  Unemployment Compensation | | Yes  No | |  | | | | | | | | $ | | | Yes  No | | | | | | | Other income (Describe) | | | | | | | Yes  No | | | |  | | | | | | | | | $ | | | | | | Yes  No | |
| **Part 2: Assets** (Child Care Only Applicants may skip this section) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does anyone in your household have the following types of assets (such as cash, checking or savings accounts, etc)?**  Yes  No (If no, skip to next question) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Asset(s)** | | | | | | | | **Name of Owner(s)** | | | | | | | | | | | | | | | | | **Current/Cash Value** | | | | | | | **Description (such as Bank/Financial Institution Name, Account Number)** | | | | | | | | | | | | | | | | | |
| Cash | | | | | | | |  | | | | | | | | | | | | | | | | | $ | | | | | | |  | | | | | | | | | | | | | | | | | |
| Checking Account | | | | | | | |  | | | | | | | | | | | | | | | | | $ | | | | | | |  | | | | | | | | | | | | | | | | | |
| Savings Account | | | | | | | |  | | | | | | | | | | | | | | | | | $ | | | | | | |  | | | | | | | | | | | | | | | | | |
| Life Insurance | | | | | | | |  | | | | | | | | | | | | | | | | | $ | | | | | | |  | | | | | | | | | | | | | | | | | |
| Other (stocks, bonds, certificates of deposit, IRA, trusts): | | | | | | | |  | | | | | | | | | | | | | | | | | $ | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Does anyone in your household own a vehicle?**  Yes  No (If no, skip to next question) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type (car, truck, other)** | | | | | | | | **Year/Make/Model** | | | | | | | | | | | | | | | | | | | | | | | | **Amount Still Owed** | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | |
| **Does anyone in your household own property?**  Yes  No (If no, skip to next question) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type: (home or other)** | | | | | | | | **Address** | | | | | | | | | | | | | | | | | | | | | | | | **Estimated Value** | | | | | | | | | **Amount Still Owed** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | $ | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | $ | | | | | | | | |
| **Section VIII: Employment Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently working?**  Yes  No (If no, skip to next question) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Employer | | | | | | | | | | | | | Employer Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Title | | | | | | | | | | | | | Employer City, State, Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Duties: | | | | | | | | | | | | | Start Date | | | | | | | | | | | | | | | Do you have health insurance coverage?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Wage  $ | | | | | | | | | | | | | | | Hrs/Week | | | | | | | | | | | | | | | | | | | | | | |
| **If you are not currently working, have you had jobs in the past?**  Yes  No (If no, skip to Section IX) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment History** (Child Care Only Applicants May Skip to Section X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employer | | | | | | | | | | | | | Employer Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Title | | | | | | | | | | | | | Employer City, State, Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Duties: | | | | | | | | | | | | | Start Date | | | | | | | | | | | | | | | End Date | | | | | | | | | | | | | | | | | | | | | | |
| Wage  $ | | | | | | | | | | | | | | | Hrs/Week | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employer | | | | | | | | | | | | | Employer Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Title | | | | | | | | | | | | | Employer City, State, Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Duties: | | | | | | | | | | | | | Start Date | | | | | | | | | | | | | | | End Date | | | | | | | | | | | | | | | | | | | | | | |
| Wage  $ | | | | | | | | | | | | | | | Hrs/Week | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employer | | | | | | | | | | | | | Employer Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Title | | | | | | | | | | | | | Employer City, State, Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Duties: | | | | | | | | | | | | | Start Date | | | | | | | | | | | | | | | End Date | | | | | | | | | | | | | | | | | | | | | | |
| Wage  $ | | | | | | | | | | | | | | | Hrs/Week | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please answer the following employment-related questions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever volunteered or been self-employed?  Yes  No (If yes, please describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid driver’s license?  Yes  No | | | | | Do you have automobile insurance?  Yes  No | | | | | | | | | | | | | | | Do you have transportation to get to work?  Yes  No  (If yes, what type of transportation do you have?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What type of job are you ready for now? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there anything that could keep you from working and supporting your family?  Yes  No (If yes, please explain): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section IX: Education & Training Information** (Child Care Only Applicants may skip this section) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highest level of schooling: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade School (last grade completed   )  High School Diploma obtained  GED/HSED obtained | | | | | | | | | | Technical College (If so, degree or certification obtained      )  Some Technical College (If so, course of study      )  University/College (If so, degree or certification obtained      )  Some University/College (If so, course of study      ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What additional training or skills have you received, for example Microsoft Office training, data entry, typing, and other computer skills training? (Include when, where and if you finished the training) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE: Do not initial or sign the next two sections until you meet with an Agency Representative.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section X: Read and initial each statement below.** (Initial in front of an agency representative only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VERIFICATION:** I authorize the W-2 agency, county or tribal human/social services agency and the Department of Workforce Development to request and receive any information that is appropriate and necessary for the proper administration of the W-2 program. Sources of information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I also understand that any person, including any financial institution, credit reporting agency, employer, or educational institution is authorized to release this information, according to Wisconsin Statute, s.49.22(2m) and s.49.143(5)(a).  **DISCLOSURE/CONSENT:** I understand that information on previous wages and employment from the records of the Unemployment Insurance program may be shared with the agency (which may be public or a private organizations to verify the accuracy of information provided on this application.  **PENALTIES FOR FALSE INFORMATION:** I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of law, that my answers are correct and complete to the best of my knowledge, including information about the citizenship or immigrant status of each person applying for assistance. I understand and agree to provide documents to prove what I said within seven (7) working days of being requested. I understand that the local agency may contact other persons or organizations to obtain necessary proof of my eligibility and level of benefits.  I have received and understand the Rights and Responsibilities – A Help Guide (DCF-P-DWSP398) (W-2, RCA and Child Care Applicants Only)  I have received and understand the W-2 Participation Agreement form (DCF-F-DWSP10755-E) (W-2 Applicants Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section XI: Signatures** (Sign in front of an agency representative only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature or Telephonic Signature Interaction ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Signed | | | | | | | | | | | | | |
| Other Adult in Household | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Signed | | | | | | | | | | | | | |
| Other Adult in Household | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Signed | | | | | | | | | | | | | |
| Authorized Representative Signature *(****Authorization of Participant Representative*** *form (DCF-F-DWSP2375-E) must also be completed)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Signed | | | | | | | | | | | | | |
| Agency Staff Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Signed | | | | | | | | | | | | | |
| **You may request a copy of your signed application.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CASE COMMENTS**  (To be filled out by the agency only.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |