

BACK - UP APPLICANT/PARTICIPANT SIGNATURE

This form is only to be used for signature when a printer is unavailable to print the Combined Application Form (CAF) after the completion of the interactive interview. Attach this signed and dated document to the completed CAF and maintain it in the case record.

ACKNOWLEDGMENT

I/we understand that the W-2 agency, county or tribal department of human/social services and the state Department of Health and Family Services and the Department of Workforce Development are authorized to request and receive information about me/us under Wisconsin law. Any person, including a financial institution, credit reporting agency, employer, or educational institution is authorized to release this information, under Wisconsin Statute Section 46.25 (2m):

“The department may request from any person any information it determines appropriate and necessary for the administration of this section, ss. 49.19, 49.46, 49.47 and programs carrying out the purposes of 7 USC 2001 to 2029. Any person in this state shall provide this information within seven days after receiving a request under this subsection.”

VERIFICATION CONSENT

I/we understand that information on my previous wages and employment from the records of the Unemployment Insurance program may be shared with the W-2 agency to verify the accuracy of information in my/our application and waive any objection to this verification.

SIGN IN FRONT OF AN AGENCY REPRESENTATIVE ONLY

I/we understand the penalties for giving false information or breaking the program rules. I/we certify, under penalty of law, that all answers are correct and complete to the best of my/our knowledge, including information about the citizenship or alien status of each household member. I/we agree to provide documents, upon request, to prove what I/we have said. I/we understand that the agency may also contact other persons or organizations to obtain the necessary proof of my/our eligibility and level of benefits.

I/we understood the questions asked and statements made during the interactive interview. I/we saw the information I/we provided being entered into the state computer system (CARES).

Primary Person’s Signature	Date Signed
Other Adult’s Signature	Date Signed
Other Adult’s Signature	Date Signed

Applicant/Participant’s Authorization for Representation

I authorize _____ (name of representative) to represent me in my application/review for W-2, Child Care Assistance, Medicaid, or FoodShare to the county or tribal agency administering those programs, and to provide information and documents which may be necessary to establish my eligibility for those programs. I state that the information given by my representative will be true and correct to the best of my knowledge. I agree that if my representative gives the wrong information, I will be responsible for any mistakes. My representative and I understand that there could be legal penalties for giving false information. **Your signature must be witnessed. Two witnesses are required if you sign with an “X.”**

Applicant/Participants Signature	Date Signed
Witness Signature	Date Signed
Witness Signature	Date Signed

RETAIN COMPLETED FORM IN CASE RECORD