

## 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.

- ✓ Addendum to Application/Registration (DCF-F-DWSP2378-1)
- ✓ Rights and Responsibilities – A Help Guide (DCF-P-DWSP398)
- ✓ W-2 Participation Agreement (DCF-F-DWSP10755) (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 shared with others only for the purpose(s) of administration of the Wisconsin Works (W-2) program and other related programs [Wis. Statutes, s. 49.83]. See the Addendum to Application/Registration (DWSP-2378-1) for more information.

<b>SECTION I: W-2 AGENCY, COUNTY OR TRIBAL HUMAN/SOCIAL SERVICES AGENCY INFORMATION</b> (To be filled out by the agency only)		
Agency Name	Agency Telephone Number	Date Received
Agency Address (Street, City, State, Zip Code)	Case Name	Case Number

<b>SECTION II: PERSON COMPLETING THE APPLICATION IF NOT THE APPLICANT</b> (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: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Primary language spoken in your home?

SECTION IV: HOUSEHOLD INFORMATION									
List the names of all persons living in your household (start with yourself)	Are you applying for assistance for this person?	Social Security Number (Those applying only)	Date of Birth (MM/DD/CCYY) <i>Example: 09/08/1965</i>	Gender M – Male F – Female	Marital Status	U.S. Citizen or Qualified Alien (Those applying only)	Ethnicity* (Optional)	Race** (Optional)	Relationship to Applicant  <i>Example: Parent, boyfriend, son, daughter, friend</i>
Name (Last, First, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child(ren) live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you age 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have legal custody of any child(ren) who live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you refused or quit a job within the past six (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you participate in a W-2 in the past six (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a migrant worker in Wisconsin?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you pregnant? If Yes, what is your due date? ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other person in your household getting W-2 payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you intend to continue living in Wisconsin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on strike from a job? If Yes, when did the strike start?        /        /	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION VI: ABSENT PARENT INFORMATION				
Do any children have a natural or adoptive parent(s) who is not living in the home? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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's Absence		Date Parent Left Household	Date Last Contact with Parent	Paternity Established <input type="checkbox"/> Yes <input type="checkbox"/> 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's Absence		Date Parent Left Household	Date Last Contact with Parent	Paternity Established <input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability/Sick Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Disability Income (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest/Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony/Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers/Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Other income (Describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Grade School (last grade completed _____) | <input type="checkbox"/> Technical College (If so, degree or certification obtained _____)  |
| <input type="checkbox"/> High School Diploma obtained              | <input type="checkbox"/> Some Technical College (If so, course of study _____)              |
| <input type="checkbox"/> GED/HSED obtained                         | <input type="checkbox"/> University/College (If so, degree or certification obtained _____) |
|  | <input type="checkbox"/> 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 Addendum to Application/Registration form (DCF-F-DWSP2378-1) (W-2, RCA and Child Care Applicants Only)
- I have received and understand the Rights and Responsibilities – A Help Guide (DCF-F-DWSP398-P) (W-2, RCA and Child Care Applicants Only)
- I have received and understand the W-2 Participation Agreement form (DCF-F-DWSP10755) (W-2 Applicants Only)

**SECTION XI: Signatures (SIGN IN FRONT OF AN AGENCY REPRESENTATIVE ONLY)**

Applicant Signature	Date Signed
Other Adult in Household	Date Signed
Other Adult in Household	Date Signed
Authorized Representative Signature ( <i>Authorization of Participant Representative form (DCF-F-DWSP2375) must also be completed</i> )	Date Signed
Agency Staff Signature	Date Signed

**You may request a copy of your signed application.**



<b>CASE COMMENTS</b>