

Employment Readiness Checklist (WIOA Data Elements)

Pursuant to 20 CFR §677.235, the Department is collecting this information for reporting purposes. Provision of this information, including your SSN is voluntary. Failure to provide your SSN or complete information could result in an information processing or service delay. Personal information may be used for secondary purposes. [Privacy Law, Wis. Stats. 15.04(1)(m)]

Customer Name	Date of Birth	Today's Date																																													
1. Are you the spouse of an Active-Duty Military Member? Yes No																																															
2. Do you have a disability? Yes No Do Not Wish to Disclose																																															
If you answered "Yes," to the Question 2, please complete Questions 19-24 on page 2 of this form.																																															
3. If Yes, type of Disability (check all that apply) <div style="display: flex; justify-content: space-between;"> Physical/Chronic Health Condition Physical/Mobility Impairment Mental or Psychiatric Impairment </div> <div style="display: flex; justify-content: space-between;"> Vision-related Hearing-related Learning Disability </div> <div style="display: flex; justify-content: space-between;"> Cognitive/Intellect Do Not Wish to Disclose </div>																																															
4. As of today, have you been unemployed for 27 or more consecutive weeks? Yes No	5. Are you a single parent? Yes No Do Not Wish to Disclose																																														
6. Are you homeless? Yes No	7. Are you a displaced homemaker? Yes No																																														
8. Are you currently receiving, or have you received any of the following in the past 6 months? <div style="display: flex; justify-content: space-between;"> FoodShare: Currently Receiving Received Within Past 6 Months No </div> <div style="display: flex; justify-content: space-between;"> TANF/W-2 Currently Receiving Received Within Past 6 Months No </div> <div style="display: flex; justify-content: space-between;"> Other Public Assistance Yes No </div>																																															
9. Are you within 2 years of exhausting lifetime eligibility for Temporary Assistance for Needy Families? Note: Generally, there is a 60-month lifetime limit for TANF programs. Yes No Does not apply (I've never received TANF or I've exhausted lifetime eligibility)																																															
10. Did your family income in the past 6 months fall below the following levels based on household size? Yes, At or below 100% FPL OR Yes, At or below 70% LLSIL (Lower Living Standard Income Level) No																																															
11. Did your individual income in the past 6 months fall below the following levels (based on 1 person)? Yes, At or below 100% FPL OR Yes, At or below 70% LLSIL No																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">100% Federal Poverty Levels (FPL)</th> <th colspan="3" style="padding: 5px;">70% of LLSIL (6-month income)</th> </tr> <tr> <th style="width: 20%; padding: 5px;">Persons in family/household</th> <th style="width: 20%; padding: 5px;">6-month income</th> <th style="width: 20%; padding: 5px;">Family Size</th> <th style="width: 20%; padding: 5px;">A-Metro</th> <th style="width: 20%; padding: 5px;">B-Non-Metro</th> </tr> <tr><td style="padding: 5px;">1</td><td style="padding: 5px;">\$7,825</td><td style="padding: 5px;">1</td><td style="padding: 5px;">\$6,097</td><td style="padding: 5px;">\$5,825</td></tr> <tr><td style="padding: 5px;">2</td><td style="padding: 5px;">\$10,575</td><td style="padding: 5px;">2</td><td style="padding: 5px;">\$9,993</td><td style="padding: 5px;">\$9,537</td></tr> <tr><td style="padding: 5px;">3</td><td style="padding: 5px;">\$13,325</td><td style="padding: 5px;">3</td><td style="padding: 5px;">\$13,716</td><td style="padding: 5px;">\$13,094</td></tr> <tr><td style="padding: 5px;">4</td><td style="padding: 5px;">\$16,075</td><td style="padding: 5px;">4</td><td style="padding: 5px;">\$16,932</td><td style="padding: 5px;">\$16,164</td></tr> <tr><td style="padding: 5px;">5</td><td style="padding: 5px;">\$18,825</td><td style="padding: 5px;">5</td><td style="padding: 5px;">\$19,981</td><td style="padding: 5px;">\$19,079</td></tr> <tr><td style="padding: 5px;">6</td><td style="padding: 5px;">\$21,575</td><td style="padding: 5px;">6</td><td style="padding: 5px;">\$23,371</td><td style="padding: 5px;">\$22,311</td></tr> <tr> <td colspan="2" style="padding: 5px;">For families/households with more than 6 persons, add \$2,750 for each additional person.</td> <td colspan="3" style="padding: 5px;">For each person beyond 6, add \$3,391 (metro) or \$3,232 (non-metro)</td> </tr> </table>			100% Federal Poverty Levels (FPL)		70% of LLSIL (6-month income)			Persons in family/household	6-month income	Family Size	A-Metro	B-Non-Metro	1	\$7,825	1	\$6,097	\$5,825	2	\$10,575	2	\$9,993	\$9,537	3	\$13,325	3	\$13,716	\$13,094	4	\$16,075	4	\$16,932	\$16,164	5	\$18,825	5	\$19,981	\$19,079	6	\$21,575	6	\$23,371	\$22,311	For families/households with more than 6 persons, add \$2,750 for each additional person.		For each person beyond 6, add \$3,391 (metro) or \$3,232 (non-metro)		
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12. Do you receive Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)? <div style="display: flex; justify-content: space-between;"> No SSI SSDI Both SSI and SSDI </div> <div style="display: flex; justify-content: space-between;"> SSI and Ticket Holder SSDI and Ticket Holder Both SSI and SSDI and a Ticket Holder </div>																																															

13. Do you have difficulty reading or speaking English? Yes No	14. Are you an individual with a record of arrest or conviction? Yes No Do Not Wish to Disclose
15. Do you have difficulty with reading or basic math (Basic Skills)? Yes No	
16. Do you have cultural barriers? (You believe that you have attitudes, customs or practices that influence a way of thinking, acting, or working that may make getting a job difficult.) Yes No Do Not Wish to Disclose	
17. Do you have any other significant challenges that you believe may make getting a job difficult? Yes No	
18. In the last year (12 months), have you worked in any type of agriculture, even if for a short period of time or as a side job? (If Yes, continue to question 18a. If No, skip to question 19, if necessary.) Yes No	
18a. Were you hired to work seasonally in that agriculture job – so, for only part of the year? (If Yes, continue to question 18b. If No, skip to question 19, if necessary.) Yes No	
18b. Did you leave your primary residence and live somewhere else temporarily while you were working this job? Yes No	
Participant Signature	

Complete these questions only if you answered "Yes" to Question 2.	
19. Have you received services funded by the State Developmental Disabilities Agency? (SSDA) Yes No	20. Have you received services funded by a local or state mental health agency? Yes No
21. Have you received services funded via a state Medicaid Home and Community Based Services waiver? Yes No	
22. Are you a participant in a Disability Work Setting? (Select one) Competitive Integrated Employment Combination of two or more settings Individual Supported Employment Not employed Group Supported Employment Not applicable Sheltered Workshop	
23. What type of Customized Employment Services (CES) have you received? (Select one) Discovery assessment services Secured employment because of receiving customized employment services and received extended support services. Customized employment search (CES) plan development No CES services received Employer negotiation services Not applicable	
24. Have you received any of the following financial capability services? (Select one) Benefit planning services Financial capability/asset development services Both benefit planning services and financial capability/asset development services No Not applicable	

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