

# WIOA Title 3 Data Form

STATE OF WISCONSIN



Customer name (First Name, Middle Initial, Last Name)	Birth Year	Customer PIN	Today's Date
Are you an Ex-Offender? Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to Disclose <input type="checkbox"/>			
Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to Disclose <input type="checkbox"/>			
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to Disclose <input type="checkbox"/>			
If yes, which of these describes your disability? Chronic Physical Health Condition <input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Both Physical and Mental Impairments <input type="checkbox"/> Physical mobility Impairment <input type="checkbox"/> Vision Related Disability <input type="checkbox"/> Hearing Related Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive or Intellectual Disability <input type="checkbox"/>			
Have you been unemployed as of today's date for 27 or more consecutive weeks? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What is the date of your most recent dislocation from employment?			
Are you a single Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to Disclose <input type="checkbox"/>			
Are you homeless? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a displaced homemaker? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you currently receiving FoodShare? Yes <input type="checkbox"/> No <input type="checkbox"/> Not currently, but I have received FoodShare in the last six months <input type="checkbox"/>			
Are you currently receiving TANF? Yes <input type="checkbox"/> No <input type="checkbox"/> Not currently, but I have received TANF in the last six months <input type="checkbox"/>			
Are you currently receiving other public assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is your income for the previous six months: At or below 100% of FPL <input type="checkbox"/> At or below 70% of LLSIL <input type="checkbox"/> Neither of the above <input type="checkbox"/>			
How many people are in your family? (Optional)			
Are you currently receiving (Check all that apply): SSI <input type="checkbox"/> SSDI <input type="checkbox"/> I am a ticket holder <input type="checkbox"/>			
Are you an English Language Learner? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have other significant barriers to employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you (Check all that apply) Seasonal Farm Worker <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Migrant Food Processing Worker <input type="checkbox"/>			
What was your tenure in months at your previous job? (Optional)			
Are your basic skills deficient? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any other cultural barriers? Yes <input type="checkbox"/> No <input type="checkbox"/>			