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| **APPLICANT/PARTICIPANT NAME**  | **ASSET PIN** |
|  |  |
| **DATA ELEMENT TO BE VERIFIED**  |
| [ ]  FoodShare**[ ]** Other: | **Name & Title of Individual Verifying:** **Agency/Employer:** **Agency/Employer Phone #:** **Other Relevant Information:**  |
| [*https://dwd.wisconsin.gov/wioa/policy/12/12.2.htm#sectionTwo*](https://dwd.wisconsin.gov/wioa/policy/12/12.2.htm#sectionTwo) |
|  | **/** **/**  |
| **WIOA Career Planner Certification** |  **Date** |