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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** |