

ELIGIBILITY AND CERTIFICATION FOR DISLOCATED WORKERS

Name:	SSN:	Phone(s):
Address:	E-mail Address:	
	American Job Center:	
Eligibility Criteria (Check Appropriate Eligibility Category (1, 2, 3, 4, 5, 6, 7, 8))		
<p>1. All three boxes must be checked:</p> <p><input type="checkbox"/> 1. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment; Verification: _____</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> 2. Is eligible for or has exhausted Unemployment Compensation; Verification: _____</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> 3. Is unlikely to return to a previous industry or occupation. Verification: _____</p>	<p>2. All three boxes must be checked:</p> <p><input type="checkbox"/> 1. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment; Verification: _____</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> 2. Has been employed for sufficient duration to demonstrate workforce attachment but is not eligible for unemployment due to insufficient earnings or the employer is not covered under the state UC law Verification: _____</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> 3. Is unlikely to return to a previous industry or occupation. Verification: _____</p>	
<p>3. <input type="checkbox"/> Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise;</p> <p>Verification: _____</p>	<p>4. <input type="checkbox"/> 1. Is employed at a facility at which the employer has made an announcement that such facility will close within 180 days;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> 2. For purposes of eligibility to receive services other than WIOA training, career services, or supportive services - is employed at a facility at which the employer has made a general announcement that such facility will close.</p> <p>Verification: _____</p>	
<p>5. <input type="checkbox"/> Was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of economic conditions in the community in which the individual resides or because of natural disasters. Verification: _____</p>		
<p>6. Box 1 OR 1a must be checked AND Box 2</p> <p><input type="checkbox"/> 1. Has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> 1a. Is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; Verification: _____</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> 2. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. Verification: _____</p>		
<p>7. <input type="checkbox"/> Is the spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member. Verification: _____</p>	<p>8. <input type="checkbox"/> Is the spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. Verification: _____</p>	
<p>I authorize the Department of Labor to release my unemployment insurance and wage record information for the last fifteen months to the local workforce development board, _____, and its One Stop Operator, _____, for the purpose of determining my eligibility for training programs funded by Workforce Innovation and Opportunity Act (WIOA). I further authorize the Department to release my unemployment insurance and wage record information for fifteen months after I complete WIOA-funded training to help determine the success of these programs.</p> <p>I understand that I can revoke this authorization at any time. I further understand that any action taken before revoking this authorization will not be undone. Unless revoked by me, this authorization remains in effect for fifteen months from the date I end participation in the WIOA program.</p>		

ELIGIBLE: Yes No If no, explain: _____

Applicant Signature

Date

DOL Authorized Signature

Date

WIOA Eligibility Documentation/Verification Guide

CATEGORY 1

PART 1 (Laid off/terminated or noticed of layoff/termination):

- Applicant's UC-61, MD20, IBIQ, or DD-214 with an other than dishonorable discharge reason
- Layoff letter from employer or union. If worker's name does not appear on the letter, also include a copy of UI wage records (WR10, IBIQ) or pay stubs from said employer. **For some company specific National Dislocated Worker Grants, the worker's name and date of separation must appear.**
- Rapid Response Early Intervention e-mail or self-certification where the worker attests that he/she has or will be laid off from X company on X date accompanied by UI wage records (WR10/IBIQ) or pay stubs from said employer.

PART 2 (Eligible for or exhausted unemployment):

- **For those who have filed for UI:** MD20, IBIQ, NM01, BP10; **For those who have not yet filed:** WR10, IBIQ, DD-214 with an other than dishonorable discharge, or pay stubs or W-2 if no wage records **plus a statement under verification that worker is able and available for full-time work; For exhausted UI:** BP10, MD20, or IBIQ.

PART 3 (Unlikely to return to previous industry or occupation):

- MD20 or BP10 showing exhaustion of benefits/zero balance or LDW was more than 26 weeks ago
- TAA-854 (Notice of TAA eligibility) or TAA-857 (TAA eligibility determination)
- DD-214 with other than dishonorable discharge or MD20 showing UCX program **and** service discharge date is within the past 48 mos.
- MD20 or copy of driver's license showing applicant is 55 or older
- MD30 on most recent unemployment claim where selection under ERS/RESEA is noted
- CTHires documentation or self-certification form showing the individual has not obtained a High School diploma or equivalent
- MD30 (showing the worker's language of preference) or signed statement by DOL staff that worker is an English language learner
- Doctor's note or medical records showing the individual's present or past disability or a self-certification form in which the individual states the nature of the disability
- Fewer than 10 full-time job postings for the type of work for which the individual is qualified
- Labor Market Information (including but not limited to O*Net Online, My Next Move, My Skill My Future) or other Local/Regional Business & Professional information that indicated declining job growth in either the occupation or industry of the worker
- Doctor's note stating individual can no longer perform his/her previous occupation for medical reasons
- Documentation of limited number of employers in the state in certain industry
- Media reports/Rapid Response notices or fact sheets indicating layoffs in same industry
- Documented job search log indicating date, name, address & contact of employer (if known), position applied for, method of contact, and results of contact – minimum of 3 contacts on two separate days for each of the past 4 weeks

CATEGORY 2

PARTS 1 & 3 – See Category 1, Parts 1 & 3:

PART 2 (Not eligible for unemployment due to insufficient earnings or employer not covered by UC law):

- Pay stubs indicating employment for the past three months
- Documented job search log indicating date, name (and address, if possible) of employer, type of work sought, contact person (if available), method of contact and results – minimum of 3 contacts on two separate days for each of the past 4 weeks. **Additionally, a statement that worker is able and available for full-time work must be written under verification.**

CATEGORY 3

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| <ul style="list-style-type: none"> ➤ WARN notice that meets the definition of closing/substantial layoff ➤ Letter from employer/union that indicates closing/substantial layoff ➤ Rapid Response Unit notice or fact sheet ➤ Unemployment Notice indicating closing/substantial layoff | <ul style="list-style-type: none"> ➤ Self-certification where the worker attests that he/she has or will be laid off from X company on X date as a result of a substantial layoff or plant closure accompanied by UI wage records (WR10/IBIQ) or pay stubs from said employer |
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CATEGORY 4

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| <ul style="list-style-type: none"> ➤ Media announcement by company officials stating that plant or facility is closing ➤ Rapid Response Unit Early Intervention notice or fact sheet | <ul style="list-style-type: none"> ➤ Self-certification where the worker attests that he/she will be laid off from X company on X date as a result of a facility closure accompanied by UI wage records (WR10/IBIQ) or pay stubs from said employer |
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CATEGORY 5

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| <ul style="list-style-type: none"> ➤ Business quarterly or annual tax return ➤ State tax identification number ➤ Business license/Permit ➤ IRS documentation for the business ➤ Business ledgers showing expenses exceeding income ➤ Chapter 7 or 11 bankruptcy announcement | <ul style="list-style-type: none"> ➤ Documentation showing the failure of business supplier or customer ➤ State/local economic development report ➤ Chamber of Commerce data ➤ Federal/State declaration of disaster ➤ Media report of general economic conditions ➤ Self-certification that confirms the criteria has been met |
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CATEGORY 6

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| <p>Part 1, Box 1:</p> <ul style="list-style-type: none"> ➤ Tax returns ➤ Divorce decree/court records or family member's death certificate ➤ MD20, IBIQ, WR10 or pay stubs for the last 6 months ➤ Self-certification that confirms the individual resided with the family member, provided in-home unpaid services, for 6 mos. was dependent on the family member for >50% of the household income but is no longer supported by that income due to X. | <p>Part 1, Box 1a:</p> <ul style="list-style-type: none"> ➤ Marriage license or joint tax return ➤ Military orders ➤ DD-214 or other documentation showing service-connected death or disability ➤ Pay stubs from before and after deployment, change in duty station, or service-connected death or disability showing a 20% reduction in family income ➤ Self-certification attesting to at least a 20% reduction in family income as a result of deployment, change in station, or service-connected death or disability. |
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Part 2:

- UI records showing unemployment or underemployment (UC-61, MD20, BP10, IBIQ)
- Pay stubs indicating less than full-time employment (less than 35 hours per week) and applicant statement on full-time availability
- Documentation showing current annualized wage rate (in relation to family size) is not in excess of the higher of either the FPL or 70% of the LLSIL
- Self-cert. stating the worker is un/underemployed **and** has been looking for work for 4 weeks **or** has been unable to find work at a higher skill/wage level.

CATEGORY 7

- Marriage license or tax return and military orders showing change in duty station
- Applicant's MD20 or IBIQ or self-certification that the loss of employment is a direct result of relocation to accommodate a change of duty station.

CATEGORY 8

- Marriage license or tax return and military orders showing active duty status of spouse
- Documentation showing current annualized wage rate (in relation to family size) is not in excess of the higher of either the FPL or 70% of the LLSIL
- Applicant's UC-61, MD20, IBIQ, BP10 or pay stubs indicating less than full-time employment (<35 hours per week) **and** applicant statement on full-time availability **or** self-certification stating the worker is un/underemployed and is un/underemployed and has been looking for work for 4 weeks or has been unable to find work at a higher wage or skill level.