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| Dislocated Worker Eligibility Form  [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]  **Dislocated Worker Status**  When you answer “Yes” to **ALL** questions from any one of the  four (4) sections below, the individual meets the definition of a Dislocated Worker. | **Acceptable Documentation**  *Must Provide* ***one*** *of following documents for* ***each question*** *answered as “Yes”.*  **Staff:**  *Please circle all documentation obtained* |
| **Section One: “Yes” answers are required for all 3 Questions**  **for the eligibility to be established** | **If “Yes” the following documentation applies** |
| Were you terminated or laid off, or received a notice of termination or layoff, from employment?  **(\_\_\_) Yes (\_\_\_) No**  **AND**  Were you eligible for or exhausted entitlement to unemployment compensation or were employed with an employer that was not  covered by State Unemployment Compensation law or were not  eligible for unemployment due to insufficient earnings?  **(\_\_\_) Yes (\_\_\_) No**  **AND**  Are you unlikely to return to the previous industry or occupation?  **(\_\_\_) Yes (\_\_\_) No**  An “individual unlikely to return is defined” as an individual without a recall date from their previous employer and the occupation at layoff/termination is an occupation where there are not more than  5 job openings in DJL within the county where the individual resides. | * Layoff letter from employer * Certification of expected separation * Verification from prospective employer * Verification from Employment agency * Self Cert Form / Other * DJL print screen indicating that a “Warn” notice has been issued * Profile reemployment program/service activity plan or other   **AND**   * Unemployment Insurance document/printout * Profile reemployment program/service activity plan or other   **AND**   * Self Certification Form * A narrative explanation in the Employability Development Plan describing the search conducted in DJL which determined that the 5 minimum openings did not exist. * Profile reemployment program/service activity plan or other |
| Section Two: “Yes” answers are required for either (not both) Questions for the eligibility to be established | **If “Yes” the following documentation applies** |
| Were you terminated or laid off, or received a notice of termination or layoff from employment as a result of a permanent closure or any substantial layoff at a plant facility, or enterprise? **(\_\_\_) Yes (\_\_\_) No**  **OR**  Were you employed at a facility at which the employer has made a general announcement that such facility will close within 180 days**?**  **(\_\_\_) Yes (\_\_\_) No** | * Certification of expected separation * Layoff notice/ Letter from employer * Media announcement with employment verification * Contact with separating employer * Public notice as determined by the State’s Rapid Response Coordination Services * WARN Notice to individual with separating employer * WARN Notice to Labor Union which represents worker * Self Certification Form / Other * DJL print screen indicating that a “Warn” notice has been issued   **OR**   * Verification from media source * Employer verification * Self Certification Form/Other |

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| **Section Three: “Yes” answer is required for the following Question for the eligibility to be established** | **If “Yes” the following documentation applies** |
| Were you self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters?  **(\_\_\_) Yes (\_\_\_) No** | * Business license/Permit * IRS Forms / Business Ledgers * Unemployment Rate/Labor Market Info * Bankruptcy published in newspaper (date must be shown) * Failure of business supplier/customer * Depressed prices or market * Federal/State Declaration of Disaster * BWI approved disaster AND permanent dislocation * Self Certification form / Other |
| **Section Four - “Yes” answers are required for both Questions for the eligibility to be established** | **If “Yes” the following documentation applies** |
| Displaced Homemaker  Have you been providing unpaid services to family members in the  home and have been dependent on the income of another family member, but are no longer supported by that income?  **(\_\_\_) Yes (\_\_\_) No**  **AND**  Is unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment?  **(\_\_\_) Yes (\_\_\_) No** | * IRS Forms * Court Records * Medical Records * Bank / Financial Records * Divorce decree * Spouse Death Certificate * Spouse Disability Payments * Self Certification Form   **AND**   * Employer verification * Job Search verification * Self Certification/Other   *Underemployment for WIA Displaced*  *Homemaker programs shall be determined relative to a Total Family Income, which does*  *not exceed 100% of the LLSIL.* |

**For the purpose of all dislocated worker categories except Displaced Homemaker the following definition of employed applies:**

**Employed, but in need of intensive services in order to obtain or retain employment that allows for self-sufficiency. Self Sufficiency for employed Dislocated Worker Program participants shall be determined whether or not their current wage exceeds 90% of the layoff wage.**

“I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may have to provide documentation to support this. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I have been advised of equal opportunity and appeal rights, and the Privacy Act of 1974.”

**Participant Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature /Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Effective Date: September 11, 2009**

**Effective Date: May 17, 2010**

**Revised Date: January 10, 2011**