

SAWDC - Dislocated Worker Eligibility Criteria, Documentation, and Verification Form

Applicant's Name: _____

Date: _____

DEFINITION	COMPLETE: CHECK DOCUMENTATION USED
General Dislocated Workers [Reference: WIA Section 101(A)]	
(1a). Terminated or Laid off, or who has received notice of termination or layoff, from employment; and	<input type="checkbox"/> UI-Guide Q7 screen (see Attachment A) <input type="checkbox"/> Lay-off notice or termination notice from employer <input type="checkbox"/> Contact with last employer <input type="checkbox"/> Certification of expected separation (Federal Civilian Employees) <input type="checkbox"/> Other documents or procedures as established by WDC policy
(1b). Eligible for or has exhausted entitlement to unemployment compensation; or	<input type="checkbox"/> UI-Guide Q10 screen <input type="checkbox"/> UI Stubs <input type="checkbox"/> Other documents or procedures as established by WDC policy
(1b). Has been employed for a duration sufficient to demonstrate to the appropriate entity at a one-stop center referred to in WIA section 134 (c), attachment to the workforce, but is not eligible for UI due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and	<input type="checkbox"/> UI-Guide screens <input type="checkbox"/> Pay stubs <input type="checkbox"/> Other documents or procedures as established by WDC policy
(1c). Is unlikely to return to a previous industry or occupation as defined in local WDC policy	<input type="checkbox"/> Previous industry or occupation identified as in decline as shown on local Demand/Decline Occupations List <input type="checkbox"/> Labor market information/ Labor analysis/ Open job orders <input type="checkbox"/> Comparison of current job listing wages to previous wage <input type="checkbox"/> Other documents or procedures as established by WDC policy
Plant Closure [Reference: WIA Section 101(B)]	
(1). 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 as defined in local WDC policy at a plant, facility or enterprise (2). Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or (3). For the purposes of eligibility to receive services other than training services in WIA section 134(d)(4), intensive services described in section 134(d)(3), or support services, is employed at a facility at which the employer has made a general announcement that the facility will close.	<input type="checkbox"/> Lay-off or termination notice or letter from employer <input type="checkbox"/> WARN <input type="checkbox"/> Newspaper article <input type="checkbox"/> Tax returns <input type="checkbox"/> Document that disaster caused going out of business <input type="checkbox"/> Foreclosure notice <input type="checkbox"/> Other documents or procedures as established by WDC policy
Self Employed [Reference: WIA Section 101(C)]	
(1). Was 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	<input type="checkbox"/> Tax returns <input type="checkbox"/> Business license <input type="checkbox"/> Documented disaster or economic downturn <input type="checkbox"/> Newspaper articles <input type="checkbox"/> Foreclosure notice <input type="checkbox"/> Other documents or procedures as established by WDC policy
Displaced Homemaker [Reference: WIA Section 101(D)]	
(1a). Is a displaced homemaker. An individual who has been providing unpaid services to family members in the home; and (1b). has been dependent on the income of another family member but is no longer supported by that income; and (1c). is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	<input type="checkbox"/> Separation or divorce decree <input type="checkbox"/> Divorce papers <input type="checkbox"/> Tax returns <input type="checkbox"/> Documents affirming spouse's notification of layoff or UI claim (Letter of layoff, UI stubs, UI guide screens) <input type="checkbox"/> Other documents or procedures as established by WDC policy

<p>Veteran Priority:</p> <p>1) <u>veteran</u> - Individual who served in the active military, naval, or air service, & who was discharged or released from such service under conditions other than dishonorable (WIA definition) WIA sec. 101(49);</p> <p>2) <u>Recently separated vet</u> - Veteran who applies for participation under this title within 48 months after the discharge or release from active military, naval, or air service (WIA definition); or</p> <p>3) <u>The spouse of (P.L. 107-288 Sec.4215:</u></p> <ul style="list-style-type: none"> • A veteran who died of a service connected disability; • A member on active duty who (at time of spouse's application) is listed as missing in action, captured in the line of duty, or forcibly detained; or • A veteran with a total disability from a service connected disability or one who died while being evaluated for it. (1a). Is a displaced homemaker. An individual who has been providing unpaid services to family members in the home; and 	<p><input type="checkbox"/> DD214</p> <p><input type="checkbox"/> Veterans Adm. Letter or Record</p> <p><input type="checkbox"/> any other documentation of veteran status from an official source, such as from any branch of the armed forces, veterans agency or DOL veterans rep.</p>
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ELIGIBILITY (*) AND PERSONAL INFORMATION	CONDITION	DOCUMENTATION LIST DOCUMENTATION USED
1. Age 2. Selective Service (*) 3. Citizenship/Eligible Non-citizen (*) 4. Social Security Number	1. 18 years of age or older. 2. Registration Number required. 3. US Citizen or resident Alien 4. Only Visual Inspection of Social Security Number from official document is necessary for MIS & Performance & should be noted as visual inspection.	1. 2. 3. 4.

Initial Eligibility: YES _____ NO _____

Signature of Person Determining Eligibility: _____ Date: _____

<p>VALIDATION OF ELIGIBILITY: Applicant is: ELIGIBLE _____ NOT ELIGIBLE _____</p> <p>Signed by: _____ Date: _____</p> <p>*Validation must be by staff other than the one who initially determined eligibility and completed the application.</p> <p>*Participants must be eligible on the day the first WIA Intensive Service is entered into SKIES.</p>

UI Guide Q07 Screen Separation Codes	
<i>Description</i>	<i>Code</i>
Voluntary Quit	1
Discharge	2
Labor Dispute	3
Still Employed	4
Lack of Work	5
Leave of Absence	6
Felony/Gross Misdemeanor	7
Partially Employed	8
Lack of Work, Reduced Hours	9

Spokane Area Workforce Development Council Applicant Self-Certification or Collateral Statement

Use this form for either an applicant self-certification or for a collateral statement. Prior approval from the WDC is required. The form may not be used to document age, citizenship or Selective Service requirements for eligibility.

Include an explanation of the reason why other forms of documentation are not available (as listed on the Eligibility Criteria & Documentation form.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I _____

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANT'S SIGNATURE

DATE

CORROBORATING WITNESS SIGNATURE

WITNESS' RELATIONSHIP TO APPLICANT

ADDRESS

CITY/ZIP CODE

PHONE NUMBER

OFFICE USE ONLY

Explanation: The above applicant statement is being utilized for documentation of the following:

SIGNATURE AND DATE OF PROGRAM OPERATOR STAFF