

Dislocated Worker Eligibility Criteria for Individualized Career, Training, and Supportive Services

NAME: _____

SEEKER ID# _____

A. Eligibility Requirements (Check applicable Criteria and Source Documentation)

Criteria		Explanation	Source Documentation <i>(Only 1 option listed is needed to document the criteria selected.)</i>
1. Eligible to Work	<input type="checkbox"/>	An individual legally entitled to work in the United States.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> I-9 or accepted I-9 documentation combinations, such as: passport; driver's license / ID card & Social Security card; driver's license / ID card & birth certificate; etc. See I-9 handbook for guidance.
2. Selective Service Registration	<input type="checkbox"/>	Must be registered, or exempt from registering, with the U.S. Selective Service system. With only a few exceptions, the Selective Service Registration requirement applies to all male U.S. citizens and male aliens living in the U.S. who are 18 through 25. All men born <u>on or after</u> January 1, 1960 are required to register. Not applicable to females or males born prior to 1960.	<input type="checkbox"/> Selective Service acknowledgement letter <input type="checkbox"/> Form DD-214 "Report of Separation" <input type="checkbox"/> Screen printout of the Selective Service Verification site <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Verification (Form 3A) <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> SWC Selective Service exception letter <input type="checkbox"/> Not applicable. Reason: _____

B. Dislocated Worker Eligibility (choose only one category)

Category		Criteria	Source Documentation <i>(Only 1 option listed is needed to document the criteria selected.)</i>
1. General Dislocation	<input type="checkbox"/>	1.1 An individual who has been terminated or laid off, or who has received a notice of termination or layoff; AND	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Notice of layoff or termination <input type="checkbox"/> Verification from employer - verbal or e-mail, including: name, title, phone, & date of dislocation; documented in case notes <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Public Announcement with cross-match with UI (see criteria 1.3.1 for acceptable UI documentation)
	<input type="checkbox"/>	1.2 Is determined unlikely to return to previous industry or occupation as defined in SWC Policy WS816 Attachment A – WorkSource Services & Program Eligibility Handbook; AND	<input type="checkbox"/> Self-attestation <input type="checkbox"/> LMI showing occupation in decline or lack of required education <input type="checkbox"/> Wage analysis –wage of previous occupation is significantly higher than local LMI indicates <input type="checkbox"/> Job postings showing lack of education / experience (minimum of 3 postings required); <input type="checkbox"/> Long-term unemployed – 27+ weeks dislocation (see criteria 1.1 for acceptable documentation) <input type="checkbox"/> Physical/mental restriction – medical records or physician's statement <input type="checkbox"/> Legal restriction – WIOA intake or registration form
	<input type="checkbox"/>	1.3.1 Is eligible for or has exhausted entitlement to unemployment compensation; OR	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Official report from a state UI system displaying benefits paid <input type="checkbox"/> UI Stub <input type="checkbox"/> Print out of UI direct deposit
	<input type="checkbox"/>	1.3.2 Has been employed for 6 months or longer, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Official report from a state UI system displaying wages <input type="checkbox"/> State UI Determination Letter showing lack of hours worked to be eligible <input type="checkbox"/> Verification that business/employer is exempt from UI
2. Dislocation from Facility Closure / Substantial Layoff	<input type="checkbox"/>	2.1 An individual who 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 as defined in SWC Policy WS816 Attachment A – WorkSource Services & Program Eligibility Handbook; OR	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Notice of layoff or termination <input type="checkbox"/> Verification from employer - verbal or e-mail, including: name, title, phone, & date of dislocation; documented in case notes <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Public Announcement with cross-match with UI (see criteria 1.3.1 for acceptable UI documentation)
	<input type="checkbox"/>	2.2 An individual who is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days.	Note: documentation of substantial layoff must include percentage or number of employees laid off within 30 days of dislocation.

3. Self-employed Dislocation	<input type="checkbox"/>	3.1 An individual who 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"/> Self-attestation
4. Displaced Homemaker	<input type="checkbox"/>	4.1 An individual who has been dependent on the income of another family member and is no longer supported by the income of that family member; OR 4.2 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, a call or order to active duty, or a service connected death or disability of the member. AND	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Public assistance records <input type="checkbox"/> Court records showing separation or divorce proceedings <input type="checkbox"/> Divorce or separation papers <input type="checkbox"/> Bank records showing separation of joint-accounts <input type="checkbox"/> Spouse's layoff or termination notice <input type="checkbox"/> Spouse's death certificate or public record of spouse's death <input type="checkbox"/> Self-attestation
	<input type="checkbox"/>	4.3 Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	
5. Dislocated Military Service Member	<input type="checkbox"/>	5.1 A non-retiree military service member who was discharged or released from service under <u>other than dishonorable</u> or has received a notice of military separation as defined in SWC Policy WS816 Attachment A – WorkSource Services & Program Eligibility Handbook. Per proposed 20 CFR 680.660, separating military service members automatically qualify as unlikely to return to a previous industry or occupation and as eligible for or exhausted entitlement to Unemployment Insurance.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Notice of layoff or termination (such as Notice of Separation) <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Public Announcement with cross-match with UI (see criteria 1.3.1 for acceptable UI documentation) <input type="checkbox"/> DD-214 showing discharge other than dishonorable
6. Spouse of Military Service Member	<input type="checkbox"/>	6.1 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; OR 6.2 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. Note: a military spouse may also qualify as a displaced homemaker (Category 4).	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Notice of layoff or termination <input type="checkbox"/> Verification from employer - verbal or e-mail, including: name, title, phone, & date of dislocation; documented in case notes <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Public Announcement with cross-match with UI (see criteria 1.3.1 for acceptable UI documentation) <input type="checkbox"/> Spouse's DD-214 showing discharge other than dishonorable

NOTE: Documenting the above eligibility criteria is mandatory. Acceptable documentation of various eligibility criteria aligns with WIOA data element validation requirements.

C. Required Registration Documents

1. Nondiscrimination – Notice of Rights & Complaint Process - Equal Opportunity is the law Form	<input type="checkbox"/> Documented that participant has been notified of rights and process
2. Summary of Rights and Complaint and Grievance Procedures Form	<input type="checkbox"/> Documented that participant has been notified of rights and process
3. Veteran Priority (if applicable) - Dislocated military service members, veterans and other covered persons are eligible for Priority of Service (POS) as described in POS Policy 1009 Rev 1.	<input type="checkbox"/> DD-214 for Veteran or Veteran of Eligible Spouse <input type="checkbox"/> DD-214 has been requested and will be received within 60 days <input type="checkbox"/> Veterans' Administration Letter or Records <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.

(Complete Section A, B, and C above.)

Initial Eligibility: ELIGIBLE or NOT ELIGIBLE

Signature of Person Determining Eligibility: _____ Date: _____

VALIDATION OF ELIGIBILITY – Applicant is: <input type="checkbox"/> ELIGIBLE or <input type="checkbox"/> NOT ELIGIBLE	
Signed by: _____	Date: _____
<i>Validation must be by staff other than the one who initially determined eligibility and completed the application.</i>	