

Dislocated Worker Eligibility Criteria for Individualized Career Services and Training 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"/> 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 on or after 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"/> SAWDC Selective Service exception letter <input type="checkbox"/> Not applicable. Reason: _____

B. Dislocated Worker Eligibility (choose only one category)

Category	Explanation	Source Documentation <i>(Only 1 option listed is needed to document each criterion in the category selected, except Category 3 which requires self-attestation and one other option.)</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. <u>AND</u>	<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"/> Self-attestation
	<input type="checkbox"/> 1.2 Is determined unlikely to return to previous industry or occupation (defined by SAWDC policy); <u>AND</u>	<input type="checkbox"/> LMI and/or job postings (minimum of 3 postings required) showing occupation as balanced or in decline or that seeker lacks required education and/or experience <input type="checkbox"/> Wage analysis –wage of previous occupation is significantly higher than local LMI indicates <input type="checkbox"/> "No compete" clause from previous employer – written or verbal verification from employer <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 application indicating criminal history <input type="checkbox"/> Self-attestation
	<input type="checkbox"/> 1.3.1 Is eligible for or has exhausted entitlement to unemployment compensation; <u>OR</u>	<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 <u>OR</u>
	<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 (defined by SAWDC policy); <u>OR</u>	<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 and 1.3.2 for acceptable UI documentation) <input type="checkbox"/> Self-attestation
	<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 AND <input type="checkbox"/> Most recent tax documents showing a loss or lack of profit <input type="checkbox"/> Inactive or expired business license <input type="checkbox"/> Newspaper article documenting business closure, economic downturn, and/or natural disaster <input type="checkbox"/> Business foreclosure notice or articles of dissolution <input type="checkbox"/> Food Stamp/TANF/SSI Award Letter
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"/> Food Stamp/TANF/SSI Award Letter <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 (defined by SAWDC (see Section 4.2.1)). 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. Reference Washington State WorkSource Systems Policies and Procedures: <http://www.wa.gov/esd/policies/systems.htm>

C. 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>	