# WIOA Title I Dislocated Worker Program Eligibility Self-Attestation Form

This form is used to record an individual's self-attestations that that they meet the criteria of at least one of six Dislocated Worker categories as required to be eligible for the Dislocated Worker Program.

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| **Applicant Name** | | **ASSET PIN** |
| **Name of Employer at Dislocation:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Dislocation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Did individual participate in Rapid Response services?**   * **Yes** * **No** |
| **Dislocated Worker Categories (Must meet at least one)** | **SELF-ATTESTATION – CHECK ALL THAT APPLY** | |
| **Category 1: Individual or Small Group Layoff**  **Individual must also meet one of the following UI eligibility statuses:**   * Eligible for UI * Has exhausted UI * Ineligible for UI due to insufficient earnings * Ineligible for UI due to job was not covered by state UI law  Career planners must document UI eligibility status for dislocated workers in this category on the **WIOA Title I Dislocated Worker Program Eligibility Document Verification Form**, using UI records, verbal verification from a UI representative, or verification of Re-employment Services and Eligibility Assessment (RESEA) funded services from the ASSET Manage Services tab. | **I attest that:**   * **I was terminated/laid off from employment due to an individual or small group (less than 25 workers) layoff and I do not have a specific recall date within 12 weeks of my termination/layoff.**   **AND**  **I am unlikely to return to my previous industry or occupation because (check all that apply):**   * **I am likely to enter a new job that is different structurally or organizationally from my previous job.** * **I am likely to enter a new job with lower seniority compared to my previous position.** * **I have a gap in employment that decreases my chances of returning to the same level of occupation or type of job.** * **There are limited employment opportunities in my occupation or industry in the local area.** * **I have out-of-date or inadequate skills.** * **I have adequate skills, but I lack a credential required by most employers.** * **I have a barrier to employment such as a disability, medical condition, or legal issues that could prevent a return to employment in the same industry or occupation.** * **I have been unsuccessful in finding employment in my previous occupation or industry.** * **Other (describe):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Category 2: Permanent Mass layoff** | **I attest that:**   * **I was terminated/laid off or received notice of termination/layoff because of permanent closure or substantial layoff (25+ workers).** * **I received a general announcement of closure within 180 days.**   + **OR** * **I received a General Announcement of Closure (without a date given or closure date is more than 180 days in the future).** | |
| **Category 3: Separating or Separated Members of the U.S. Armed Forces** | **I attest that:**   * **I am a service member with a discharge other than dishonorable, who has received a notice from the Department of Defense showing separation or imminent separation.** | |
| **Category 4: Self-employed** | **I attest that I was self employed and am unemployed because of:**   * **General economic conditions;**   **OR**   * **Natural disaster.** | |
| **Category 5: Displaced Homemaker** | **I attest that I have been doing unpaid work in the home and am unemployed or underemployed and:**   * **I was dependent on the income of another family member but I am no longer supported by that income;**   **OR**   * **I am the dependent spouse of a member of the Armed Forces on active duty whose family income is significantly reduced due to my spouse's deployment, order of active duty, permanent change of station, or service connected death or disability.** | |
| **Category 6: Military Spouse** | **I attest that I am the spouse of a member of the U.S. Armed Forces on active duty, and:**   * **I have lost employment because of relocation of my spouse's duty station;**   **OR**   * **I am unemployed or underemployed and am having trouble obtaining or upgrading employment.** | |
| **Applicant Signature:** | **Date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Certified by WIOA Career Planner:** | **Date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |