

DISLOCATED WORKER VERIFICATION CHECKLIST

Applicant Name _____

Eligibility item	Verification Source	Result
Social Security Number	If applicant refuses to provide SS#, notify Managing Director.	# _____
US Citizen or otherwise Eligible to work in the U.S	<input type="checkbox"/> I-9 Documentation <input type="checkbox"/> Self- Attestation form	<input type="checkbox"/> From List A _____ OR <input type="checkbox"/> From List B _____ And List C _____
Age	<input type="checkbox"/> Driver's License <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth certificate or hospital record of birth <input type="checkbox"/> DD-214 (Report of Transfer or Discharge) <input type="checkbox"/> Federal, State, Local or Tribal ID Card <input type="checkbox"/> US Passport <input type="checkbox"/> Public Assistance/Social Service Records	<input type="checkbox"/> School Records or ID Cards <input type="checkbox"/> Work permit <input type="checkbox"/> Justice System Records <input type="checkbox"/> Selective Service Registration <input type="checkbox"/> Medical Records <input type="checkbox"/> Tribal Records <input type="checkbox"/> Self-Attestation
Selective Service	<input type="checkbox"/> Selective Service Acknowledgment Letter <input type="checkbox"/> Form DD 214 (Report of Separation) <input type="checkbox"/> Screen Printout of verification site www.sss.gov <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Verification (Form 3A) <input type="checkbox"/> Stamped Post Office Receipt of Registration	Registration Number: _____
<input type="checkbox"/> Veteran <input type="checkbox"/> Eligible Spouse of a Veteran	<input type="checkbox"/> DD214 <input type="checkbox"/> Other verification _____	

Dislocated Worker Applicant is: <input type="checkbox"/> Eligible <input type="checkbox"/> Not eligible Application is complete, reasonable and internally consistent. <input type="checkbox"/> Yes <input type="checkbox"/> No	Determined by: _____ Date _____ (staff member signature) Reviewed by: _____ Date _____ (manager or designee signature)
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Verify ONE of the 8 Dislocated Worker criteria below. ALSO CHECK QUEST Criteria on Page three.

Eligibility Criteria	Conditions	Documentation (Document only one for each required condition)								
CRITERIA 1: General Dislocated Worker AND Military Service Members <i>Must Document</i> <ul style="list-style-type: none"> • A and • B or C, and • D 	<input type="checkbox"/> A. Terminated or Laid off (Date of Actual Qualifying Dislocation) , and <input type="checkbox"/> B. Eligible for or has exhausted entitlement to UI, or <input type="checkbox"/> C. Has been employed for a duration sufficient to demonstrate attachment to the workforce. (See directive 18-172), and <input type="checkbox"/> D. Unlikely to Return (document one) <ul style="list-style-type: none"> (i) Low demand or decline (ii) Wage Comparison (iii) Outdated Skills (iv) Physical or mental limitation (v) Aged 55 or older (vi) Terminated for conduct that precludes return to that specific occupation 	<input type="checkbox"/> A1. Lay off or termination notice <input type="checkbox"/> A2. Call to last employer <input type="checkbox"/> A3. UI Printout from ESD <input type="checkbox"/> A4. Certification of expected separation (Fed. Civilian) <input type="checkbox"/> A5. DD-214 (Military separation) <input type="checkbox"/> A6. Self-attestation <input type="checkbox"/> B1. UI Printout from ESD <input type="checkbox"/> B2. Self-Attestation <input type="checkbox"/> C1. UI Printout from ESD <input type="checkbox"/> C2. Pay Stubs <input type="checkbox"/> C3. Employer Collateral Contact <input type="checkbox"/> C4. Self-attestation <input type="checkbox"/> D(i) <ul style="list-style-type: none"> <input type="checkbox"/> a. Occupations in Demand List printout <input type="checkbox"/> b. Labor market information <input type="checkbox"/> c. Labor analysis <input type="checkbox"/> D(ii) <ul style="list-style-type: none"> <input type="checkbox"/> a. Comparison of current job listing wages to previous wage <input type="checkbox"/> D(iii) <ul style="list-style-type: none"> <input type="checkbox"/> a. Work History <input type="checkbox"/> b. Labor Market Information <input type="checkbox"/> c. Self-attestation <input type="checkbox"/> D(iv) <ul style="list-style-type: none"> <input type="checkbox"/> a. Doctor's Statement <input type="checkbox"/> b. Vocational Rehab or L&I Statement <input type="checkbox"/> D(v) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Tribal ID card</td> </tr> <tr> <td><input type="checkbox"/> Military ID</td> <td><input type="checkbox"/> Birth certificate</td> </tr> <tr> <td><input type="checkbox"/> Federal or State ID</td> <td><input type="checkbox"/> Public Assistance record</td> </tr> <tr> <td><input type="checkbox"/> US Passport</td> <td><input type="checkbox"/> DD-214</td> </tr> </table> <input type="checkbox"/> D(vi) <ul style="list-style-type: none"> <input type="checkbox"/> Termination letter <input type="checkbox"/> Other document substantiating reason for dismissal 	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Tribal ID card	<input type="checkbox"/> Military ID	<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Federal or State ID	<input type="checkbox"/> Public Assistance record	<input type="checkbox"/> US Passport	<input type="checkbox"/> DD-214
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Tribal ID card									
<input type="checkbox"/> Military ID	<input type="checkbox"/> Birth certificate									
<input type="checkbox"/> Federal or State ID	<input type="checkbox"/> Public Assistance record									
<input type="checkbox"/> US Passport	<input type="checkbox"/> DD-214									

<p>CRITERIA 2: Plant Closure <i>(Must Document A and B)</i></p>	<p><input type="checkbox"/> A. 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, and</p> <p><input type="checkbox"/> B. Worked with employer</p>	<p><input type="checkbox"/> A1. Layoff or termination notice or letter from employer <input type="checkbox"/> A2. WARN notice <input type="checkbox"/> A3. Newspaper article <input type="checkbox"/> A4. Self-attestation</p> <p><input type="checkbox"/> B1. Employer list of laid off employees <input type="checkbox"/> B2. Printout from ESD <input type="checkbox"/> B3. Pay stub <input type="checkbox"/> B4. Self-attestation (work history)</p>
<p>CRITERIA 3: 180 Days Prior Notice <i>(Must Document A and B)</i></p>	<p><input type="checkbox"/> A. Employed at a facility at which the employer has made a general announcement that such facility will close within 180 days, and</p> <p><input type="checkbox"/> B. Works with employer</p>	<p><input type="checkbox"/> A. Any general announcement made by the employer, reported by media or communicated in some other fashion indicating date of closure.</p> <p><input type="checkbox"/> B1. Employer list of employees <input type="checkbox"/> B2. Printout from ESD <input type="checkbox"/> B3. Current Pay stub <input type="checkbox"/> B4. Self-attestation (work history)</p>
<p>CRITERIA 4: Public Notice <i>(Must Document A and B)</i></p>	<p><input type="checkbox"/> A. Is employed at a facility at which employer has made a general announcement that the facility will close, (see Local directive 04-41), and</p> <p><input type="checkbox"/> B. Works with employer</p>	<p><input type="checkbox"/> A. Any general announcement made by the employer, reported by media or communicated in some other fashion indicating date of closure.</p> <p><input type="checkbox"/> B1. Employer list of employees <input type="checkbox"/> B2. Printout from ESD <input type="checkbox"/> B3. Current Pay stub <input type="checkbox"/> B4. Self-attestation (work history)</p>
<p>CRITERIA 5: Self Employed and Unemployed <i>Must Document</i></p> <ul style="list-style-type: none"> • A, and • B or C 	<p><input type="checkbox"/> A. Self Employed, but unemployed, and</p> <p><input type="checkbox"/> B. As a result of general economic conditions, or</p> <p><input type="checkbox"/> C. Because of natural disaster</p>	<p><input type="checkbox"/> A1. Tax returns <input type="checkbox"/> A2. Business license <input type="checkbox"/> A3. Self-Attestation</p> <p><input type="checkbox"/> B or C</p> <ul style="list-style-type: none"> <input type="checkbox"/> Newspaper article <input type="checkbox"/> Foreclosure notice <input type="checkbox"/> Documentation that disaster caused going out of business <input type="checkbox"/> Self-attestation
<p>CRITERIA 6: Displaced Homemaker <i>(Must document A and B)</i></p>	<p><input type="checkbox"/> A. Has been dependent on income of family member & no longer supported by that income, and</p> <p><input type="checkbox"/> B. Is unemployed or underemployed & experiencing difficulty obtaining or upgrading employment</p>	<p><input type="checkbox"/> A1. Separation or divorce decree <input type="checkbox"/> A2. Divorce Papers or Court Records <input type="checkbox"/> A3. Spouse's layoff notice or UI claim <input type="checkbox"/> A4. Spouses' death record <input type="checkbox"/> A5. Tax Returns/ Bank Records <input type="checkbox"/> A6. Self-attestation</p> <p><input type="checkbox"/> B1. UI Printout from ESD <input type="checkbox"/> B3. Self-attestation</p>
<p>CRITERIA 7: Military Service Members <i>(Must document A, B and C)</i></p>	<p><input type="checkbox"/> A. A military service member who was discharged or released from service under conditions other than dishonorable, or has received a notice of military separation, and</p> <p><input type="checkbox"/> B. Is determined unlikely to return to a previous industry or occupation , and</p> <p><input type="checkbox"/> C. Is eligible for or has exhausted entitlement to Unemployment Insurance; or has had an employment duration that shows attachment to the workforce.</p>	<p style="text-align: center;">Use General Dislocation Criteria 1</p> <p>(Still active military service members may apply for services prior to date of discharge, but must be fully separated from the military to be determined eligible for and receive services)</p>
<p>CRITERIA 8: Spouses of Military Service Members <i>(Must document A or B)</i></p>	<p><input type="checkbox"/> A. A military spouse who is unable to continue an employment relationship due to the service member's permanent change of military station; or</p> <p><input type="checkbox"/> B. A military spouse who lost employment as a result of the service member's discharge from the military.</p> <p>Note: A military spouse may also qualify as a displaced homemaker.</p>	<p><input type="checkbox"/> 1. Lay off or termination notice <input type="checkbox"/> 2. Call to last employer <input type="checkbox"/> 3. UI Printout from ESD <input type="checkbox"/> 4. Certification of expected separation (Fed. Civilian) <input type="checkbox"/> 5. DD-214 (Military separation) <input type="checkbox"/> 6. Self-attestation</p>

QUEST DWG

See WIN 0132
(latest version) for
full guidance

(Must document A,
B, C, or D)

Verify ONE of the 4 QUEST criteria below.

To be eligible for enrollment in the QUEST DWG, an individual must be determined eligible **BASED ON ONE** of the following criteria, per Section 4.b.iii of TEGL 2-22:

- A. A dislocated worker as defined at 29 U.S.C. 3102(3)(15);**

- B. A long-term unemployed worker:** For the QUEST DWG, “long term unemployed” is defined as individuals legally entitled to work in the U.S. and of legal working age, who are looking for a job, available for work, & **ONE of below** :
 - Have never been employed (i.e., no prior attachment to either an employer or self-employment);
 - Have dropped out of the labor force, but desire to return (e.g., discouraged workers – who were not actively looking for work because they did not think they could find work; individuals who took time off to raise a child or care for another family member; individuals who took time off to further their education);
 - Have regular or frequent spells of unemployment (i.e., seasonal or sporadic attachment to work);
 - Are determined ineligible for WIOA Title I Dislocated Worker programs but unemployed for 13 or more weeks;
 - Are under-employed (i.e., working part-time out of necessity but desirous of full-time work; working full-time but wages or working conditions are unsuitable);
 - Are ex-offenders who are unemployed after incarceration;
 - Are currently incarcerated offenders within one year of release;
 - Are individuals who suffered an on-the-job injury, non-work-related injury or illness, were institutionalized, or were victims of a crime and have been out of work as a result; or
 - Are active-duty service members (or spouses) who face involuntary, other than dishonorable, discharge from the military.

- C. A self-employed individual who became unemployed or significantly underemployed** due to the COVID-19 pandemic disaster.** For the QUEST NDWG, “significantly underemployed” is defined as an individual who meets the definition of “under-employed worker” reflected in state policy at Section 4.3.1 of the Eligibility Policy Handbook affiliated with WorkSource System Policy 1019, Revision 6.

- D. Temporarily or permanently laid off as a consequence of the COVID-19 pandemic disaster:** For the QUEST NDWG, the State defines individuals “temporarily or permanently laid off as a consequence of the COVID-19 pandemic disaster” as individuals who were working prior to the COVID-19 pandemic but who became unemployed. For example, an individual who was fired for failing to report to work in order to stay home and care for a family member might be, for the purposes of this grant, “laid off as a consequence of the declared disaster”, as would an individual who quit in order to stay home and care for a family member.

- A1. Self-Attestation
- A2. UI Printout from ESD
- A3. One of Criteria 1-8 (documented above)

- B1. Self-Attestation
- B2. UI Printout from ESD

- C1. Self-Attestation

- D1. Self-Attestation