

DISLOCATED WORKER VERIFICATION CHECKLIST

Applicant Name _____

Determination is correct:

Yes__ No__

Application is complete, reasonable and internally consistent.

Yes__ No__ Signature _____

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"/> From List A _____ OR <input type="checkbox"/> From List B _____ And List C _____
Age	<input type="checkbox"/> Birth certificate or hospital record of birth <input type="checkbox"/> Driver's License <input type="checkbox"/> Baptismal Record <input type="checkbox"/> DD-214 (Report of Transfer or Discharge) <input type="checkbox"/> Work permit	<input type="checkbox"/> School Records or ID Cards <input type="checkbox"/> Public Assistance/Social Service Records <input type="checkbox"/> US Passport <input type="checkbox"/> Federal or State or Local ID Card <input type="checkbox"/> Tribal Records
Selective Service	<input type="checkbox"/> Selective Service Acknowledgment Letter <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> Internet verification www.sss.gov <input type="checkbox"/> Form DD 214 (Report of Separation) <input type="checkbox"/> Selective Service Verification (Form 3A)	Registration Number: _____
<input type="checkbox"/> Veteran <input type="checkbox"/> Eligible Spouse of a Veteran	<input type="checkbox"/> DD214 <input type="checkbox"/> Other verification _____	

Verify ONE of the 8 Dislocated Worker criteria below.

Refer to Dislocated Worker Directive for detailed definitions and documentation requirements.

Eligibility Criteria	Conditions	Documentation (Document only one for each required condition)
<p>CRITERIA 1:</p> <p>General Dislocated Worker</p> <p>AND</p> <p>Military Service Members</p> <p><i>Must Document</i></p> <ul style="list-style-type: none"> • A and • B or C, and • D 	<p><input type="checkbox"/> A. Terminated or Laid off (Date of Actual Qualifying Dislocation) , and</p> <p><input type="checkbox"/> B. Eligible for or has exhausted entitlement to UI, or</p> <p><input type="checkbox"/> C. Has been employed for a duration sufficient to demonstrate attachment to the workforce. (See directive 18-172), and</p> <p><input type="checkbox"/> D. Unlikely to Return (document one)</p> <p>(i) Low demand or decline</p> <p>(ii) Wage Comparison</p> <p>(iii) Outdated Skills</p> <p>(iv) Physical or mental limitation</p> <p>(v) Aged 55 or older</p> <p>(vi) Terminated for conduct that precludes return to that specific occupation</p>	<p><input type="checkbox"/> A1. Lay off or termination notice</p> <p><input type="checkbox"/> A2. Call to last employer</p> <p><input type="checkbox"/> A3. UI Printout from ESD</p> <p><input type="checkbox"/> A4. Certification of expected separation (Fed. Civilian)</p> <p><input type="checkbox"/> A5. DD-214 (Military separation)</p> <p><input type="checkbox"/> A6. Self-attestation</p> <p><input type="checkbox"/> B1. UI Printout from ESD</p> <p><input type="checkbox"/> C1. UI Printout from ESD</p> <p><input type="checkbox"/> C2. Pay Stubs</p> <p><input type="checkbox"/> C3. Employer Collateral Contact</p> <p><input type="checkbox"/> C4. Self-attestation</p> <p><input type="checkbox"/> D(i)</p> <p style="padding-left: 20px;"><input type="checkbox"/> a. WDC Qualifying Occupations list</p> <p style="padding-left: 20px;"><input type="checkbox"/> b. Labor market information</p> <p style="padding-left: 20px;"><input type="checkbox"/> c. Labor analysis</p> <p><input type="checkbox"/> D(ii)</p> <p style="padding-left: 20px;"><input type="checkbox"/> a. Comparison of current job listing wages to previous wage</p> <p><input type="checkbox"/> D(iii)</p> <p style="padding-left: 20px;"><input type="checkbox"/> a. Work History</p> <p style="padding-left: 20px;"><input type="checkbox"/> b. Labor Market Information</p> <p style="padding-left: 20px;"><input type="checkbox"/> c. Self-attestation</p> <p><input type="checkbox"/> D(iv)</p> <p style="padding-left: 20px;"><input type="checkbox"/> a. Doctor's Statement</p> <p style="padding-left: 20px;"><input type="checkbox"/> b. Vocational Rehab or L&I Statement</p> <p><input type="checkbox"/> D(v)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Driver's License <input type="checkbox"/> Tribal ID card</p> <p style="padding-left: 20px;"><input type="checkbox"/> Military ID <input type="checkbox"/> Birth certificate</p> <p style="padding-left: 20px;"><input type="checkbox"/> Federal or State ID <input type="checkbox"/> Public Assistance record</p> <p style="padding-left: 20px;"><input type="checkbox"/> US Passport <input type="checkbox"/> DD-214</p> <p><input type="checkbox"/> D(vi)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Termination letter</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other document substantiating reason for dismissal</p>

<p>CRITERIA 2: Plant Closure (Must Document A and B)</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 (Must Document A and B)</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 (Must Document A and B)</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 Must Document</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</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 (Must document A and B)</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 (Must document A, B and C)</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 (Must document A or B)</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>