

## 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 <a href="http://www.sss.gov">www.sss.gov</a> <input type="checkbox"/> Form DD 214 (Report of Separation) <input type="checkbox"/> Selective Service Verification (Form 3A)	<b>Registration Number:</b> _____
<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)
<b>CRITERIA 1:</b>  <b>General Dislocated Worker</b>  <b>AND</b>  <b>Military Service Members</b>  <i>Must Document</i> <ul style="list-style-type: none"> <li>• A and</li> <li>• B or C, and</li> <li>• D</li> </ul>	<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) (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"/> 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) <input type="checkbox"/> a. WDC Qualifying Occupations list <input type="checkbox"/> b. Labor market information <input type="checkbox"/> c. Labor analysis <input type="checkbox"/> D(ii) <input type="checkbox"/> a. Comparison of current job listing wages to previous wage <input type="checkbox"/> D(iii) <input type="checkbox"/> a. Work History <input type="checkbox"/> b. Labor Market Information <input type="checkbox"/> c. Self-attestation <input type="checkbox"/> D(iv) <input type="checkbox"/> a. Doctor's Statement <input type="checkbox"/> b. Vocational Rehab or L&I Statement <input type="checkbox"/> D(v) <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"/> D(vi) <input type="checkbox"/> Termination letter <input type="checkbox"/> Other document substantiating reason for dismissal

<p><b>CRITERIA 2:</b> <b>Plant Closure</b> (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, <b>and</b></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><b>CRITERIA 3:</b> <b>180 Days Prior Notice</b> (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, <b>and</b></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><b>CRITERIA 4:</b> <b>Public Notice</b> (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), <b>and</b></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><b>CRITERIA 5:</b> <b>Self Employed and Unemployed</b> Must Document</p> <ul style="list-style-type: none"> <li>• A, and</li> <li>• B or C</li> </ul>	<p><input type="checkbox"/> A. Self Employed, but unemployed, <b>and</b></p> <p><input type="checkbox"/> B. As a result of general economic conditions, <b>or</b></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"> <li><input type="checkbox"/> Newspaper article</li> <li><input type="checkbox"/> Foreclosure notice</li> <li><input type="checkbox"/> Documentation that disaster caused going out of business</li> <li><input type="checkbox"/> Self-attestation</li> </ul>
<p><b>CRITERIA 6:</b> <b>Displaced Homemaker</b> (Must document A and B)</p>	<p><input type="checkbox"/> A. Has been dependent on income of family member &amp; no longer supported by that income, <b>and</b></p> <p><input type="checkbox"/> B. Is unemployed or underemployed &amp; 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><b>CRITERIA 7:</b> <b>Military Service Members</b> (Must document A, B and C)</p>	<p><input type="checkbox"/> A. A non-retiring military service member who was discharged or released from service under conditions other than dishonorable, or has received a notice of military separation, <b>and</b></p> <p><input type="checkbox"/> B. As a separating service member, is determined unlikely to return to a previous industry or occupation , <b>and</b></p> <p><input type="checkbox"/> C. As a separating service member, s 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;"><b>Use General Dislocation Criteria 1</b></p> <p>(Still active military service members may apply for services prior to date of discharge, but must within 180 days of date of separation from the military to be determined eligible for and receive services)</p>
<p><b>CRITERIA 8:</b> <b>Spouses of Military Service Members</b> (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; <b>or</b></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>

<p><b>NDWG – DR Disaster Recovery</b></p> <p>See WIN 0114 Change 1 for full guidance</p>	<p>To be eligible for enrollment in the COVID-19 DRDWG, an individual must be determined eligible based on one of the following criteria, per 20 CFR 687.170(b):</p> <p><input type="checkbox"/> A. Temporarily or permanently laid off as a consequence of the disaster*;</p> <p><input type="checkbox"/> B. A dislocated worker as defined at 29 U.S.C. 3102(3)(15);</p> <p><input type="checkbox"/> C. A long-term unemployed worker** (unemployed for 27 or more consecutive weeks); or</p> <p><input type="checkbox"/> D. A self-employed individual who became unemployed or significantly underemployed as a result of the disaster or emergency.</p> <p>* Temporarily laid off (for Disaster Relief only) is not defined by DOL or WA State, therefore, local definition is as follows: - An applicant who has been laid off or furloughed/on standby for up to 8 weeks and has a confirmed return date indicated by the employer.</p> <ul style="list-style-type: none"> <li>• An applicant who has been unemployed for more than 8 weeks and has no attachment to the employer and no return date is considered permanently laid off.</li> <li>• If an applicant indicates that their layoff has changed from temporary to permanent, document in case notes. Applicants may self-attest to the shift from temporary to permanent layoff status. Self-attestation regarding date of qualifying dislocation is allowable.</li> </ul> <p>** Under Disaster Relief Grant, an applicant may be considered long-term unemployed if they have been unemployed for 27 consecutive weeks regardless of their reason for separation. Due to this distinction, documentation of the original separation is not required for the Disaster Recovery Dislocated Worker Grant; instead, documentation of being an unemployed individual for 27 consecutive weeks or more is required.</p>	<p><input type="checkbox"/> A. Self-Attestation &amp; Case notes</p> <p><input type="checkbox"/> B. One of Criteria 1-8 (documented above)</p> <p><input type="checkbox"/> C. Self-Attestation <input type="checkbox"/> UI Printout from ESD</p> <p><input type="checkbox"/> D. Self- Attestation</p>
<p><b>NDWG – ER Employment Recovery</b></p> <p>See WIN 0115 Change 1 for full guidance</p>	<p>To be eligible for enrollment in the COVID-19 Employment Recovery DWG, an individual must be a dislocated worker as defined in WIOA Section 3(15).</p> <p>NOTE: Unlike the Disaster Recovery DWG guidance in WIN 0114, temporarily laid off workers are not eligible to participate in the Employment Recovery DWG. The focus of the Employment Recovery DWG is on individuals who are permanently dislocated rather than temporarily dislocated</p>	<p><input type="checkbox"/> One of Criteria 1-8 (documented above)</p>