



**Dislocated Worker Eligibility
Determination**
Workforce Innovation and Opportunity Act (WIOA)
FORM WIOA I-B – 2.4 (Updated 8/27/18)
For Dislocated Worker Program

Name:	Participant No.:
<p style="text-align: center;">DLW Category</p> <p>Applicant must meet:</p> <ul style="list-style-type: none"> Age and common eligibility requirements One DLW Category Employment Status requirements 	<p style="text-align: center;">Documentation</p> <p style="text-align: center;"><u>Documentation must support information being documented</u></p> <p style="text-align: center;">Check appropriate documentation used Unless otherwise indicated, only one document required per eligibility criterion Must maintain copies of all documents used</p>
<input type="checkbox"/> At least 18 years old	Date of Birth on FORM WIOA I-B – 2.1 (Common Eligibility Documentation)
<input type="checkbox"/> Meet common eligibility requirements	FORM WIOA I-B – 2.1 (Common Eligibility Documentation)
<input type="checkbox"/> Date of actual dislocation – date of last day of employment at the dislocation job (mm/dd/yyyy): _____	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Letter, statement, or document, or phone verification from employer <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Rapid response or other official list <input type="checkbox"/> Other:
Dislocated Worker Categories	
<input type="checkbox"/> Category A – Individual Layoff. The applicant must meet <u>all three</u> of the <u>numbered</u> criteria OR the special veteran’s’ criterion	
<input type="checkbox"/> 1. Has been terminated or laid off or has received a notice of termination or layoff, from employment (applicant did not quit or retire.)	<input type="checkbox"/> Layoff notice or termination notice from employer <input type="checkbox"/> Telephone verification by last employer (with name, position, and date of contact, and signed by person making verification contact) <input type="checkbox"/> Letter from employer confirming layoff or termination status <input type="checkbox"/> Self-attestation supported by UI statement, document, or form showing receipt of UI benefits after leaving employment
<input type="checkbox"/> 2. Meets <u>one</u> of the following conditions concerning unemployment compensation <ul style="list-style-type: none"> a. Is eligible for or has exhausted entitlement to unemployment compensation <p style="text-align: center;">(See next page)</p>	<p>2.a. Eligible for or has exhausted entitlement to UI compensation:</p> <p>Documentation that applicant has been <u>determined monetarily and non-monetarily eligible for benefits</u>, has received benefit payments, has exhausted benefit, OR is still receiving benefit payments. These may include:</p> <input type="checkbox"/> UI payment record <input type="checkbox"/> Monetary determination document PLUS layoff notice or document <input type="checkbox"/> Telephone verification by ADWS local office of both monetary and non-monetary eligibility determination (with name, position, and date of contact, and signed by person making verification contact) <input type="checkbox"/> Other:

<p><input type="checkbox"/> b. (1) Has been employed long enough to demonstrate attachment to the workforce (has worked in 1 quarter in the last year immediately preceding eligibility determination), <u>AND</u> (2) is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer not covered under a state unemployment compensation law</p>	<p>2.b.(1) Any document that applicant has worked during at least 1 quarter in the last year immediately prior to eligibility determination. These may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pay check stub <input type="checkbox"/> Written verification by last employer <input type="checkbox"/> Phone verification by last employer (with name, position, and date of contact, and signed by person making verification contact) <input type="checkbox"/> UI wage records <input type="checkbox"/> Other: <p>2.b.(2) Any form or statement from ADWS documenting that denial was due to insufficient earnings or that employment was not covered under UI wages, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monetary determination record <input type="checkbox"/> Written statement by ADWS local office <input type="checkbox"/> Telephone verification by ADWS local office (with name, position, and date of contact, and signed by person making verification contact) <input type="checkbox"/> Written statement from or telephone verification with employer that employment was not covered under UI <input type="checkbox"/> Other: <p>Note: if self-employed, applicant is not eligible for this category. Go to Category C.</p>
<p><input type="checkbox"/> 3. Is unlikely to return to a previous industry or occupation</p> <p>(Note: Local area must define “unlikely to return to a previous industry or occupation.” Documents are given as guidelines to document local definition, and local areas may adjust the documentation, if needed, to comply with their definition.)</p>	<p>Choose A <u>or</u> B</p> <p>A. The industry or occupation shows no growth or a decline in available job opportunities, as determined by ADWS or the LWDB:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Labor Market Information <input type="checkbox"/> ADWS labor analysis <input type="checkbox"/> LWDB list of in-demand occupations <input type="checkbox"/> Other: <p>B. The applicant has been seeking employment since termination, but is unable to find employment in his/her previous industry or occupation due to economic conditions , skill limitations, or physical limitations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application in AJL and has not refused to accept a reasonable job offer <input type="checkbox"/> Lack of job offers or rejection letters from employers in the local area <input type="checkbox"/> Documentation that the applicant is insufficiently educated and/or does not have the necessary skills for reentry into the former industry/occupation: <input type="checkbox"/> Statement from doctor, ARS, or DSB indicating that the applicant’s inability to return to previous industry/occupation is due to physical limitations <input type="checkbox"/> Other:

- Special Veteran's Criterion:** A separating service member qualifies as a dislocated worker under Category A if the separation is anything other than dishonorable. A DD-214 from the Department of Defense or other appropriate documentation that shows a separation or imminent separation from the Armed Forces qualifies as the notice of termination or layoff to meet the dislocated worker definition. ETA policy mandates that a separating service member meets the Dislocated Worker requirement that an individual is unlikely to return to his or her previous industry or occupation [TEGL 19-16].

Document : _____

- Category B – Business Closure or Substantial Layoff.** The applicant must meet both closure/layoff and employed-at-business criteria

<p style="text-align: center;">Closure/Layoff (select 1)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has been terminated or laid off or has received notice of termination or layoff permanent closure or substantial layoff (50 employees or 33% of workforce, whichever is less - not including employees who have worked less than 6 months in the last 12 months and those who work an average of less than 20 hours a week) <input type="checkbox"/> Employer has made a general announcement that facility will close within 180 days <input type="checkbox"/> Employer has made a general announcement that a facility will close in more than 180 days or with no specific date (<u>Employee may receive services other than training described in described in WIOA § 134(c)(3), career services described in WIOA § 134(c)(2)(A)(xii), or supportive services. The person may qualify for these services when one of the above other criteria is met.</u>) 	<p>Any document verifying or announcing the specific situation to be verified, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter or statement from employer <input type="checkbox"/> Newspaper article <input type="checkbox"/> News media printed article <input type="checkbox"/> Document from Governor's Dislocated Worker Task Force <input type="checkbox"/> WARN notice <input type="checkbox"/> Business' Internet web site report <input type="checkbox"/> Correspondence from a Union or Elected Official <input type="checkbox"/> Eligibility certificate to receive TAA <input type="checkbox"/> Rapid response list of affected employees from layoff <input type="checkbox"/> Phone verification by last employer (with name, position, and date of contact, and signed by person making verification contact) <input type="checkbox"/> Other:
<p style="text-align: center;">Employed at Business</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicant is/was employed at the facility 	<p>Any document that verifies that the applicant is/was employed at the facility, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current employee list from employer <input type="checkbox"/> Employer list of laid-off employees <input type="checkbox"/> Most current check stub from employer <input type="checkbox"/> Wage file for UI claimants <input type="checkbox"/> Layoff/closure letter to employee from employer or union representative <input type="checkbox"/> Phone verification by last employer (with name, position, and date of contact, and signed by person making verification contact) <input type="checkbox"/> Eligibility certificate to receive TAA <input type="checkbox"/> Rapid response list of affected employees from layoff <input type="checkbox"/> Other:

<p>Category C – Self-employed. The applicant must meet both self-employed and reason-for-closure criteria</p>	
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Tax Return with business name and applicant’s name <input type="checkbox"/> Business license with applicant’s name <input type="checkbox"/> Statement from bank linking applicant to business <input type="checkbox"/> Other document showing applicant as owner of business:
<p>Reason for closure:</p> <input type="checkbox"/> Natural Disaster	<input type="checkbox"/> Natural Disaster <u>Self-attestation of reason for closing, including how the natural disaster caused the business to close, supported with documentation of the disaster, such as:</u> <input type="checkbox"/> Newspaper article discussing the disaster <input type="checkbox"/> Government information concerning the disaster <input type="checkbox"/> Information from local Chamber of Commerce, Economic Development organization, or other such entity concerning the disaster <input type="checkbox"/> Other:
<input type="checkbox"/> Economic conditions in the community. Self-attest to what the economic conditions were, how they impacted the business closure, and document the economic conditions (Note: Local area must define “unemployed as result of general economic conditions in the community in which an individual resides or because of natural disasters.” Documents are given as guidelines to document local definition, and local areas may adjust the documentation, if needed, to comply with their definition.)	<input type="checkbox"/> Economic Conditions within the community <u>Must document with self-attestation how the economic conditions caused the business to close, supported with documentation of the economic conditions.</u> Economic conditions could be: <input type="checkbox"/> Depressed prices or markets for the articles produced or services rendered by the self-employed individual <input type="checkbox"/> Failure of one or more businesses to which the self-employed individual supplied a substantial portion of products or services <input type="checkbox"/> Failure of one or more businesses from which the self-employed individual obtained a substantial proportion of products and services <input type="checkbox"/> Substantial layoff(s) from or permanent closures of plants, facilities or enterprises that support a significant portion of the state or local economy <input type="checkbox"/> Reduction in number of residents in local community for other reason. <input type="checkbox"/> Other:
	<p>Appropriate Supporting documentation of the economic conditions:</p> <input type="checkbox"/> Labor market information <input type="checkbox"/> Documentation of drop in market price of goods and services produced <input type="checkbox"/> U.S. Census population or demographics data <input type="checkbox"/> Honored checks from applicant’s business to failed business <input type="checkbox"/> Copies of cancelled orders or invoices <input type="checkbox"/> Signed letter or statement from purchaser of services <input type="checkbox"/> Other documentation of closure or layoff of applicable business supplying or receiving services or supporting local economy <input type="checkbox"/> Newspaper articles <input type="checkbox"/> Information from local Chamber of Commerce, Economic Development organization, or other such entity concerning economic conditions <input type="checkbox"/> Other:

Category D – Displaced homemaker. The applicant must meet <u>all three</u> of the <u>numbered</u> criteria	
<input type="checkbox"/> 1. Has been providing unpaid services to family members in the home	<input type="checkbox"/> Most recent tax return showing family members <input type="checkbox"/> Applicant statement <input type="checkbox"/> Other:
<input type="checkbox"/> 2. Meets one of the following criteria concerning losing income of another family member: <input type="checkbox"/> Has been dependent on the income of another family member, but is no longer supported by that income <p style="text-align: center;">OR</p> <input type="checkbox"/> Dependent spouse of member of armed forces on active duty, and the family income is significantly changed because of a <u>deployment</u> , a <u>call or order to active duty</u> , a <u>permanent change of state</u> , or the <u>service-connected death or disability</u> of the member	<input type="checkbox"/> Applicant statement (self-attestation) concerning situation <p style="text-align: center;">AND</p> <input type="checkbox"/> At least one(1) document to support the statement: <ul style="list-style-type: none"> <input type="checkbox"/> Death certificate <input type="checkbox"/> Divorce papers <input type="checkbox"/> Legal separation document <input type="checkbox"/> Insurance records <input type="checkbox"/> Bank records <input type="checkbox"/> Court records <input type="checkbox"/> Disability declaration <input type="checkbox"/> Layoff or termination notice of family member <input type="checkbox"/> Military Document <input type="checkbox"/> Written statement from supporting family member stating that he/she no longer supports applicant and reason why the support has been withdrawn <input type="checkbox"/> Other:
<input type="checkbox"/> 3. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment	<input type="checkbox"/> Applicant statement (self-attestation) concerning situation <p style="text-align: center;">AND</p> <input type="checkbox"/> At least one(1) document to support the statement: <ul style="list-style-type: none"> <input type="checkbox"/> AJL or ADWS verification that applicant registered for work and has not been able to find appropriate work <input type="checkbox"/> Meets definition and documentation for “underemployed” <input type="checkbox"/> Other:
Category E – Unemployed or underemployed military spouse. The applicant must meet <u>one</u> of the following criteria	
<input type="checkbox"/> Has lost employment as a direct result of a relocation due to a permanent change in the duty station of spouse (a, b, & c)	<input type="checkbox"/> Applicant statement (self-attestation) concerning situation <p style="text-align: center;">AND</p> <input type="checkbox"/> Documentation to support each of the following criteria mentioned in the applicant statement (state supporting document used for each appropriate criteria, in addition to the self-attestation): <ul style="list-style-type: none"> <input type="checkbox"/> a. Spouse of active duty member of Armed Forces: <input type="checkbox"/> b. Lost employment: <input type="checkbox"/> c. Loss due to permanent change in duty station of spouse: <input type="checkbox"/> d. Unemployed or underemployed: <input type="checkbox"/> e. Experiencing difficulty in obtaining or upgrading employment:
<input type="checkbox"/> Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment (a, d, & e)	

Employment Status	Documentation
<p><u>Dislocated workers may be either unemployed or Underemployed</u></p> <p>Must meet one of the status criteria</p> <p>Note: Individuals who are in the military or are in a Registered Apprenticeship program are considered employed [TEGL 10-16]</p>	<p><u>Documentation must support information being documented</u></p> <p>Check appropriate documentation used</p> <p>Unless otherwise indicated, only one document required per eligibility criterion</p> <p>Must maintain copies of all documents used</p>
<p><input type="checkbox"/> Unemployed (must meet both criteria) [WIOA § 3(61); TEGL 10-16; ETA 9172 – DOL]:</p> <p><input type="checkbox"/> Is not working in a paid, unsubsidized job (including self-employment, military, or Registered Apprenticeship) and is not working 15 hours a week or more in an unpaid job on a farm or business operated by a family member or the participant (If individual is temporarily away from a job, he/she is considered to be working)</p> <p><input type="checkbox"/> Is available for work and has been making specific efforts to find a job</p>	<p><input type="checkbox"/> Self-attestation supported by appropriate documentation (one or more) that individual has been making specific efforts to find a job:</p> <p><input type="checkbox"/> Application in AJL and has not refused to accept a reasonable job offer</p> <p><input type="checkbox"/> Other documentation of efforts to find a job:</p>
<p><input type="checkbox"/> Underemployed – Employed less than full-time and seeking full-time employment (must meet both criteria):</p> <p><input type="checkbox"/> Employed part-time</p> <p><input type="checkbox"/> Seeking full-time work</p>	<p><input type="checkbox"/> Self-attestation supported by appropriate documentation (document both part-time work and seeking full-time work):</p> <p>Part-time work</p> <p><input type="checkbox"/> Pay stub or report, if working less than 30 hours per week</p> <p><input type="checkbox"/> Statement or phone verification with employer that work is part-time</p> <p>Seeking full-time work</p> <p><input type="checkbox"/> Application in AJL and has not refused to accept a reasonable full-time job offer</p> <p><input type="checkbox"/> Other:</p>
<p><input type="checkbox"/> Underemployed – Employed in a position that is inadequate with respect to applicant’s skills and training:</p>	<p><input type="checkbox"/> Self-attestation supported by appropriate documentation of (list documents used):</p> <p><input type="checkbox"/> Applicant’s skills, training, or education:</p> <p><input type="checkbox"/> Applicant has sought work using his/her skills, training, or education:</p> <p><input type="checkbox"/> Inability to find appropriate work using those skills and training:</p>
<p><input type="checkbox"/> Underemployed – Employed and meets the definition of a low-income individual</p>	<p><input type="checkbox"/> Complete FORM WIOA I-B – 1.3 (<i>Low-Income Determination</i>)</p>
<p><input type="checkbox"/> Underemployed – A Dislocated Worker who, <u>for the entire time since layoff</u>, has been either unemployed or earning less than at the job at which he/she was laid off</p>	<p><input type="checkbox"/> Self-attestation of the situation, supported by appropriate documentation of unemployment or employment with less earnings than in job at which he/she was laid off:</p>
<p>Staff completing form:</p>	<p>Date of eligibility determination:</p>