

# ELIGIBILITY CHECK-OFF FOR DISLOCATED WORKER

Name:	
<b>Qualifying Employment</b>	
Employer:	Previous Occupation:
<b>Eligibility Criteria (check appropriate eligibility category A, B, C, D or E)</b>	
<p><b>A.</b> All three boxes must be checked</p> <ol style="list-style-type: none"> <li>1. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment <b>and</b></li> <li>2. Is eligible for or has exhausted entitlement to Unemployment compensation; <u>or</u> has been employed for a duration sufficient to demonstrate attachment to the workforce (<i>has worked at least three consecutive months during the last twelve</i>), but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law <b>and</b></li> <li>3. Is unlikely to return to a previous industry or occupation;</li> </ol> <p><b>Look-back period:</b> To establish the previous occupation for individuals who may have accepted "stop-gap" employment, NoRTEC will allow an optional look-back period of <b>five years</b>. The predominant occupation during that time may be considered the previous occupation.</p> <p style="text-align: center;"><b>OR</b></p>	<p><b>C.</b></p> <p style="padding-left: 20px;">Was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters;</p> <p style="text-align: center;"><b>OR</b></p> <hr/> <p><b>D.</b></p> <p style="padding-left: 20px;">⌋ Is a displaced homemaker <i>The term "displaced homemaker" means an individual who has been providing unpaid services to family members in the home and who—</i></p> <ol style="list-style-type: none"> <li>A) has been dependent on the income of another family member but is no longer supported by that income; <b>or</b></li> <li>B) is dependent spouse of a member of the AF on active duty and whose income is significantly reduced because of deployment, a call to order to AD, a permanent change of station, or the service connected death or disability of the member <b>and</b></li> <li>C) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment</li> </ol> <p style="text-align: center;"><b>OR</b></p>
<p><b>B.</b></p> <ol style="list-style-type: none"> <li>1. 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>or</b></li> <li>2. Is employed at a facility at which the employer has made a general announcement that such facility will close <i>within 180 days</i> <b>or</b></li> <li>3. For purposes of eligibility to receive services <i>other than training services, intensive services, or supportive services</i>, is employed at a facility at which the employer has made a general announcement that such facility will close;</li> </ol> <p style="text-align: center;"><b>OR</b></p>	<p><b>E.</b></p> <p style="padding-left: 20px;">⌋ Is the Spouse of a member of Armed forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), <b>and</b></p> <ol style="list-style-type: none"> <li>A) has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member, <b>or</b></li> <li>B) is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in Section 3 (16) (B). (Category A)</li> </ol>

## VERIFICATION

<b>Category A:</b> Layoff Notice (identify document); UI Documents (identify); Unlikely to Return (identify document)
<b>Category B:</b> Permanent Closure (identify document); General Announcement (identify document)
<b>Category C:</b> Self-Employed (identify document)
<b>Category D:</b> Displaced Homemaker (identify document)
<b>Category E:</b> Spouse of Member of Armed Forces (identify document);

Eligible: \_\_\_\_\_ YES \_\_\_\_\_ NO

Reference WIOA Section 3 (15), (16)