



Dislocated Worker Eligibility Determination
Workforce Innovation and Opportunity Act (WIOA)
 FORM WIOA I-B – 2.4 (Updated 6/24/21)
For Dislocated Worker Program

Name:	Participant No.:
<p 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 align="center">Documentation</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>
<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): _____ <u>PIRL # 410</u> Programs: <u>A/D/DWG</u>	<input type="checkbox"/> Verification from Employer <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of Layoff <input type="checkbox"/> Public Announcement with Follow-Up Cross-Match with UI Database <input type="checkbox"/> Self- Attestation
Unemployment Claim Status	
<p align="center"><u>PIRL #401 - Programs: A/D/DWG</u></p> <input type="checkbox"/> 1. Filed a claim, determined eligible, eligibility has not ended, and referred by Reemployment Services and Eligibility Assessment (RESEA)	<p align="center"><u>Documentation</u></p> <input type="checkbox"/> Cross-Match to State UI Database <input type="checkbox"/> Cross-Match to State MIS Database <input type="checkbox"/> Referral Transmittal by RESEA or WPRS <input type="checkbox"/> Self-Attestation for Code Values 3 and 4 only
<input type="checkbox"/> 2. Filed a claim, determined eligible, eligibility has not ended, and referred by the state Worker Profiling and Reemployment Services (WPRS) system	
<input type="checkbox"/> 3. Filed a claim, determined eligible, eligibility has not ended, and NOT referred by RESEA or WPRS	
<input type="checkbox"/> Filed a claim, determined eligible, and eligibility has exhausted	
<input type="checkbox"/> Receiving benefits, but is exempt from the normal work search activities	

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 criteria	
<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 <input type="checkbox"/> a. Is eligible for or has exhausted entitlement to unemployment compensation <p style="text-align: center;">(See next page)</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	2.a. Eligible for or has exhausted entitlement to UI compensation: 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: <ul style="list-style-type: none"> <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: 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: <ul style="list-style-type: none"> <input type="checkbox"/> Paycheck 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: 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: <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: Note: if self-employed, applicant is not eligible for this category. Go to Category C.

<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:
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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 	<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:
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<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 style="text-align: center;">Employed at Business</p> <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	<ul style="list-style-type: none"> <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> <ul style="list-style-type: none"> <input type="checkbox"/> Natural Disaster <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 	<ul style="list-style-type: none"> <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> <ul style="list-style-type: none"> <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 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. Economic conditions could be:</u>

<p>(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.” <u>Documents are given as guidelines to document local definition, and local areas may adjust the documentation, if needed, to comply with their definition.</u>)</p>	<ul style="list-style-type: none"> <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> <ul style="list-style-type: none"> <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:
<p>Category D – Displaced homemaker. The applicant must meet <u>all three</u> of the <u>numbered</u> criteria</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> 1. Has been providing unpaid services to family members in the home 	<ul style="list-style-type: none"> <input type="checkbox"/> Most recent tax return showing family members <input type="checkbox"/> Applicant statement <input type="checkbox"/> Other:
<ul style="list-style-type: none"> <input type="checkbox"/> 2. Meets one of the following criteria concerning losing income of another family member: <ul style="list-style-type: none"> <input type="checkbox"/> Has been dependent on the income of another family member, but is no longer supported by that income <li style="text-align: center;">OR <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 	<ul style="list-style-type: none"> <input type="checkbox"/> Applicant statement (self-attestation) concerning situation AND <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 AND <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:
<p>Category E – Unemployed or underemployed military spouse. The applicant must meet <u>one</u> of the following criteria</p>	
<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 AND <input type="checkbox"/> Documentation to support each of the following criteria mentioned in the applicant statement (state supporting document used for each appropriate criterion, 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 style="text-align: center;"><u>Dislocated workers may be either unemployed or Underemployed</u> Must meet one of the status criteria Note: Individuals who are in the military or are in a Registered Apprenticeship program are considered employed [TEGL 10-16, Change 1]</p>	<p style="text-align: center;"><u>Documentation must support information being documented</u> 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"/> Unemployed (must meet both criteria) [WIOA § 3(61); ETA 9172 – DOL]: <ul style="list-style-type: none"> <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) <input type="checkbox"/> Is available for work and has been making specific efforts to find a job 	<input type="checkbox"/> Self-attestation supported by appropriate documentation (one or more) that individual has been making specific efforts to find a job: <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"/> Other documentation of efforts to find a job:
<input type="checkbox"/> Underemployed – Employed less than full-time and seeking full-time employment (must meet both criteria): <ul style="list-style-type: none"> <input type="checkbox"/> Employed part-time <input type="checkbox"/> Seeking full-time work 	<input type="checkbox"/> Self-attestation supported by appropriate documentation (document both part-time work and seeking full-time work): Part-time work <ul style="list-style-type: none"> <input type="checkbox"/> Pay stub or report, if working less than 30 hours per week <input type="checkbox"/> Statement or phone verification with employer that work is part-time (next page)

	Seeking full-time work <input type="checkbox"/> Application in AJL and has not refused to accept a reasonable full-time job offer <input type="checkbox"/> Other:
<input type="checkbox"/> Underemployed – Employed in a position that is inadequate with respect to applicant’s skills and training:	<input type="checkbox"/> Self-attestation supported by appropriate documentation of (<u>list documents used</u>): <input type="checkbox"/> Applicant’s skills, training, or education: <input type="checkbox"/> Applicant has sought work using his/her skills, training, or education: <input type="checkbox"/> Inability to find appropriate work using those skills and training:
<input type="checkbox"/> Underemployed – Employed and meets the definition of a low-income individual	<input type="checkbox"/> Complete FORM WIOA I-B – 1.3 (<i>Low-Income Determination</i>)
<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	<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:
For Information only – not eligibility	
<p style="text-align: center;"><u>School Status at Program Entry</u></p> <p>PIRL# 409 Programs: A/D/Y/DWG</p> <input type="checkbox"/> in-school, secondary school or less <input type="checkbox"/> in-school, alternative school <input type="checkbox"/> in school, postsecondary school <input type="checkbox"/> not attending school or secondary school dropout <input type="checkbox"/> not attending school; secondary school <input type="checkbox"/> graduate or has a recognized equivalent <input type="checkbox"/> not attending school; within age of compulsory school attendance	<p style="text-align: center;">Documentation</p> <input type="checkbox"/> Cross-Match with Postsecondary Education Database <input type="checkbox"/> Educational Institution Enrollment Record Copy <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, attendance records, transcripts, report card, or school documentation) <input type="checkbox"/> Intake Application or Enrollment Form Signed <input type="checkbox"/> Self-Attestation
Staff completing form:	Date of eligibility determination: