

WIOA Eligibility Policy #266 - Attachment C

Dislocated Worker Program Eligibility Criteria Form

NAME: _____

SEEKER ID# _____

A. Eligibility Requirements (Check applicable Criteria and Source Documentation)

Item	Criteria	Source Documentation <i>(Only 1 option listed is needed to document the criteria selected.)</i>
1. Citizenship or Eligible Non-Citizen & Age	<input type="checkbox"/> A citizen or eligible non-citizen legally entitled to work in the United States. AND <input type="checkbox"/> Is 18 years of age or older.	<input type="checkbox"/> I-9 or Accepted I-9 Documentation combinations, such as: passport; driver's license / ID card & Social Security card; driver's license / ID card & birth certificate; etc. See I-9 handbook for guidance.
2. Selective Service Registration	<input type="checkbox"/> Must be registered, or exempt from registering, with the U.S. Selective Service system. With only a few exceptions, the Selective Service Registration requirement applies to all male U.S. citizens and male aliens living in the U.S. who are 18 through 25. All men born <u>on or after</u> January 1, 1960 are required to register. Not applicable to females or males born prior to 1960	<input type="checkbox"/> Selective Service acknowledgement letter <input type="checkbox"/> Form DD-214 "Report of Separation" <input type="checkbox"/> Screen printout of the Selective Service Verification site <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Verification (Form 3A); or Stamped Post Office Receipt of Registration <input type="checkbox"/> EWP WDC Selective Service exception letter <input type="checkbox"/> Not applicable. Reason: _____

B. Dislocated Worker Eligibility (choose only one category)

Category	Criteria	Source Documentation <i>(Only 1 option listed is needed to document each criterion in the category selected, except Category 3 which requires self-attestation and one other option.)</i>
1. General Dislocation	<input type="checkbox"/> 1.1 An individual who was terminated, laid off, or received a notice of termination or layoff. AND	<input type="checkbox"/> Notice of layoff or termination <input type="checkbox"/> Verification from employer - verbal or e-mail, including: name, title, phone, & date of dislocation; documented in case notes <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Public Announcement with cross-match with UI (see criteria 1.3.1 for acceptable UI documentation) <input type="checkbox"/> Self-attestation
	<input type="checkbox"/> 1.2 Is determined unlikely to return to previous industry or occupation (defined by EWP WDC policy); AND	<input type="checkbox"/> LMI showing occupation in decline or lack of required education <input type="checkbox"/> Job postings showing lack of education / experience (minimum of 3 postings required) <input type="checkbox"/> Long-term unemployed – 20+ weeks dislocation (see criteria 1.1 for acceptable documentation) <input type="checkbox"/> Physical/mental restriction – medical records or physician's statement <input type="checkbox"/> Legal restriction – WIOA application indicating criminal history <input type="checkbox"/> Self-attestation
	<input type="checkbox"/> 1.3.1 Is eligible for or has exhausted entitlement to unemployment compensation;	<input type="checkbox"/> UI Report displaying UI paid to date <input type="checkbox"/> UI Stub <input type="checkbox"/> UI Bye Week Letter <input type="checkbox"/> Print out of UI direct deposit <input type="checkbox"/> Self-attestation OR
	<input type="checkbox"/> 1.3.2 Is not eligible for unemployment compensation but can show attachment to the workforce (defined by EWP WDC policy).	<input type="checkbox"/> UI Determination Letter showing lack of hours worked to be eligible <input type="checkbox"/> Verification from employer that business is exempt from UI <input type="checkbox"/> Self-attestation
2. Dislocation from Facility Closure / Substantial Layoff	<input type="checkbox"/> 2.1 An individual who was terminated, laid off, or received a notice of layoff from employment at a plant, facility, or enterprise as a result of: Permanent closure; or Substantial layoff (defined by WDC policy); OR <input type="checkbox"/> 2.2 An individual employed at a facility at which the employer has made a general announcement that such facility will close within 180 days.	<input type="checkbox"/> Notice of layoff or termination <input type="checkbox"/> Verification from employer - verbal or e-mail, including: name, title, phone, & date of dislocation; documented in case notes <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Public Announcement with cross-match with UI (see criteria 1.3.1 for acceptable UI documentation) <input type="checkbox"/> Self-attestation Note: documentation of substantial layoff must include percentage or number of employees laid off within 30 days of dislocation.
3. Self-employed Dislocation	<input type="checkbox"/> 3.1 An individual who was self-employed but is unemployed as a result of: general economic conditions in the WDA where the individual resides; or a natural disaster.	<input type="checkbox"/> Self-attestation AND <input type="checkbox"/> Most recent tax documents showing a loss or lack of profit <input type="checkbox"/> Inactive or expired business license <input type="checkbox"/> Newspaper article documenting business closure, economic downturn, and/or natural disaster

			<input type="checkbox"/> Business foreclosure notice or articles of dissolution <input type="checkbox"/> Food Stamp/TANF/SSI Award Letter
4. Displaced Homemaker	<input type="checkbox"/>	4.1 An individual who was dependent on the income of another family member and is no longer supported by the income of another family member; <u>AND</u>	<input type="checkbox"/> Food Stamp/TANF/SSI Award Letter <input type="checkbox"/> Court records showing separation or divorce proceedings <input type="checkbox"/> Divorce or separation papers <input type="checkbox"/> Bank records showing separation of joint-accounts <input type="checkbox"/> Spouse's layoff or termination notice <input type="checkbox"/> Spouse's death certificate or public record of spouse's death <input type="checkbox"/> Self-attestation
	<input type="checkbox"/>	4.2 Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	
5. Dislocated Military Service Member	<input type="checkbox"/>	5.1 A military service member who was discharged or released from service under conditions <u>other than dishonorable</u> , or has received a notice of military separation (defined by EWP WDC policy) ; <u>AND</u>	<input type="checkbox"/> Verification from employer – DD-214 showing discharge other than dishonorable or Report/Notice of Separation <input type="checkbox"/> Self-attestation
	<input type="checkbox"/>	5.2 Is determined unlikely to return to previous industry or occupation (defined by WDC policy); <u>AND</u>	<input type="checkbox"/> LMI showing occupation in decline or lack of required education <input type="checkbox"/> Job postings showing lack of education / experience (minimum of 3 postings required) <input type="checkbox"/> Long-term unemployed – 20+ weeks dislocation (see criteria 1.1 for acceptable documentation) <input type="checkbox"/> Physical/mental restriction – medical records or physician's statement <input type="checkbox"/> Legal restriction – WIOA application indicating criminal history <input type="checkbox"/> Self-attestation
	<input type="checkbox"/>	5.3.1 Is eligible for or has exhausted entitlement to unemployment compensation; <u>OR</u>	<input type="checkbox"/> UI Report displaying UI paid to date <input type="checkbox"/> UI Stub <input type="checkbox"/> UI Bye Week Letter <input type="checkbox"/> Print out of UI direct deposit <input type="checkbox"/> Self-attestation <u>OR</u>
	<input type="checkbox"/>	5.3.2 Is not eligible for unemployment compensation but can show attachment to the workforce (defined by WDC policy).	<input type="checkbox"/> DD-214 indicating retirement from the military <input type="checkbox"/> Self-attestation
6. Spouse of Military Service Member	<input type="checkbox"/>	6.1 A military spouse who is unable to continue an employment relationship due to the service member's permanent change of military station; <u>OR</u>	<input type="checkbox"/> Verification from employer – written, verbal ,or e-mail, including: name, title, phone, & date of dislocation; documented in case notes <input type="checkbox"/> Self-attestation
	<input type="checkbox"/>	6.2 A military spouse who lost employment as a result of the service member's discharge from the military.	

NOTE: Documenting the above eligibility criteria is mandatory. Acceptable documentation of various eligibility criteria aligns with WIOA data element validation requirements. Reference Washington State WorkSource Systems Policies and Procedures: <http://www.wa.gov/esd/policies/systems.htm>

C. Registration Documents

1. Nondiscrimination – Notice of Rights & Complaint Process - Equal Opportunity is the law Form	<input type="checkbox"/> Documented that participant has been notified of rights and process
2. Summary of Rights and Complaint and Grievance Procedures Form	<input type="checkbox"/> Documented that participant has been notified of rights and process
3. Veteran status (if applicable) - Dislocated military service members, veterans and other covered persons are eligible for Priority of Service (POS) as described in POS Policy 1009 Rev 1.	<input type="checkbox"/> DD-214 for Veteran or Veteran of Eligible Spouse <input type="checkbox"/> DD-214 has been requested and will be received within 60 days <input type="checkbox"/> Veterans' Administration Letter or Records <input type="checkbox"/> Any other documentation of veteran status from an official source, such as from any branch of the armed forces, veterans agency or DOL veterans rep.

(Complete Section A, B, and C above.)

Initial Eligibility: ELIGIBLE or NOT ELIGIBLE

Signature of Person Determining Eligibility: _____ Date: _____

VALIDATION OF ELIGIBILITY: Applicant is: ELIGIBLE or NOT ELIGIBLE

Signed by: _____ Date: _____