This form is used to record an individual's self-attestations that that they meet the criteria of at least one of six Dislocated Worker categories as required to be eligible for the Dislocated Worker Program.

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| **Applicant Name**  | **ASSET PIN**  |
| **Name of Employer at Dislocation:** **Date of Dislocation:**  | **Did individual participate in Rapid Response services?****[ ]  Yes****[ ]  No** |
| **Dislocated Worker Categories (Must meet at least one)** | **SELF-ATTESTATION – CHECK ALL THAT APPLY** |
| **Category 1: Individual or Small Group Layoff****Individual must also meet one of the following UI eligibility statuses:** * Eligible for UI
* Has exhausted UI
* Ineligible for UI due to insufficient earnings
* Ineligible for UI due to job was not covered by state UI law

Career planners must document UI eligibility status for dislocated workers in this category on the **WIOA Title I Dislocated Worker Program Eligibility Document Verification Form**, using UI records, verbal verification from a UI representative, or verification of Re-employment Services and Eligibility Assessment (RESEA) funded services from the ASSET Manage Services tab. | **I attest that:** **[ ]  I was terminated/laid off from employment due to an individual or small group (less than 25 workers) layoff and I do not have a specific recall date within 12 weeks of my termination/layoff.****AND****I am unlikely to return to my previous industry or occupation because (check all that apply):** **[ ]  I am likely to enter a new job that is different structurally or organizationally from my previous job.****[ ]  I am likely to enter a new job with lower seniority compared to my previous position.****[ ]  I have a gap in employment that decreases my chances of returning to the same level of occupation or type of job.****[ ]  There are limited employment opportunities in my occupation or industry in the local area.****[ ]  I have out-of-date or inadequate skills.****[ ]  I have adequate skills, but I lack a credential required by most employers.****[ ]  I have a barrier to employment such as a disability, medical condition, or legal issues that could prevent a return to employment in the same industry or occupation.****[ ]  I have been unsuccessful in finding employment in my previous occupation or industry.****[ ]  Other (describe):**       |
| **Category 2: Permanent Mass layoff** | **I attest that:****[ ]  I was terminated/laid off or received notice of termination/layoff because of permanent closure or substantial layoff (25+ workers).****[ ]  I received a general announcement of closure within 180 days.****OR****[ ]  I received a General Announcement of Closure (without a date given or closure date is more than 180 days in the future).** |
| **Category 3: Separating or Separated Members of the U.S. Armed Forces** | **I attest that:****[ ]  I am a service member with a discharge other than dishonorable, who has received a notice from the Department of Defense showing separation or imminent separation.** |

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| **Category 4: Self-employed** | **I attest that I was self employed and am unemployed because of:****[ ]  General economic conditions;****OR****[ ]  Natural disaster.** |
| **Category 5: Displaced Homemaker** | **I attest that I have been doing unpaid work in the home and am unemployed or underemployed and:****[ ]  I was dependent on the income of another family member but I am no longer supported by that income;****OR****[ ]  I am the dependent spouse of a member of the Armed Forces on active duty whose family income is significantly reduced due to my spouse's deployment, order of active duty, permanent change of station, or service connected death or disability.** |
| **Category 6: Military Spouse** | **I attest that I am the spouse of a member of the U.S. Armed Forces on active duty, and:****[ ]  I have lost employment because of relocation of my spouse's duty station;****OR****[ ]  I am unemployed or underemployed and am having trouble obtaining or upgrading employment.** |
| **Applicant Signature:** | **D****Date:**  |
| **Certified by WIOA Career Planner:** | **D****Date:**  |



**Babel Notice**

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin WDB and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral, or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law. An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not access English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual.

**English** IMPORTANT! There are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-5410 at no cost to you.

**Español** ¡IMPORTANTE! Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-5410 sin costo alguno para usted.

**Deutsch** WICHTIG! Es gibt Dokumente, die wichtige Informationen über WIOA-Schulungsdienste enthalten; wie man sich für Ausbildungsdienste bewirbt; und Ihre Rechte, Pflichten und/oder Vorteile. Es ist wichtig, dass Sie die Informationen in diesen Dokumenten verstehen. Sie können telefonische Übersetzungshilfe für alle Dokumente erhalten, indem Sie (608) 789-5410 kostenlos anrufen.

**Hmoob** TSEEM CEEB! Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (608) 789-5410 yam tsis tau them nqi rau koj.

**Accommodation Requests**

Auxiliary aids and services are available upon request to individuals with disabilities. Please contact your WIOA Title I Career Planner or the WWWDB office for such requests.

**Wisconsin Relay (7-1-1)**

Wisconsin Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech-disabled. The service is available by dialing 7-1-1 or by calling TTY 1-800-947-3529. For more information, visit [www.wisconsinrelay.com](http://www.wisconsinrelay.com/).
 **EO Tagline**
Western Wisconsin Workforce Development Board is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Amy Scarborough, Equal Opportunity Officer, at 608-789-5410 or info@westernwdb.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

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