

CORE SERVICES RECEIVED
Adult/Dislocated Worker Eligibility Cover Sheet

Name _____ Date _____

*_____ Unemployed and unable to obtain employment through core services
AND needs intensive services in order to be successful*

OR

*_____ Is employed but needs intensive services to obtain or retain employment that will
allow them to be self-sufficient.*

✓	Core Service	Agency providing service
	Job Search & Placement Assistance	
	Orientation to the JobLink Center	
	Initial Assessment	
	Information regarding filing for Unemployment Insurance	
	Labor market information	
	Performance and cost information on training providers.	
	Assistance in establishing eligibility for Financial Aid Assistance	
	Information on how Local Area is performing	
	Referral to community agencies	
	Job referrals	
	Internet browsing/on-line referrals	
	Individual job development	
	Basic career information	
	Resume preparation	
	Resource room usage	
	Eligibility determination for services	
	Other	

Customers must receive **at least three** of the above services, one of which must be Job Search, and continue to be unable to find employment at which they are self-sufficient before they can be referred to Intensive Services.

WORKFORCE INVESTMENT ACT ELIGIBILITY
ADULT/DW PROGRAM

<i>Eligibility Items</i>	<i>Document/Method Used for Verification</i>
Social Security Number	
Date of Birth and Age	
Residence	
Eligibility to Work (Citizenship or Eligible Non-Citizen)	
Selective Service Registration (If male and over 18)	

See back for additional DW information.

DISLOCATED WORKER PROGRAMS

<i>Eligibility Category (Choose One)</i>	<i>Circle Verification Source Used From Approved List</i>
1. Individual has been Terminated or Laid Off From Employment OR Military Spouse Relocated due to service transfer	Termination letter/Layoff notice/Employer Statement ESC verification Military paperwork detailing transfer ** Self-Attestation – client statement attesting to dislocation
2. Individual has Received Notice of Termination or Layoff from employment	Termination letter/ Layoff notice/ Employer statement ** Self-Attestation- client statement attesting to dislocation
3. Notice of Termination due to Closure Terminated or laid off, or received notice of termination or layoff as a result of any permanent closure of plant or facility, etc.	Termination letter/ Employer statement ESC verification WARN notice ** Self-Attestation – client statement attesting to dislocation
4. Substantial Layoff at a Plant, Facility, or Enterprise Terminated or laid off, or received notice of termination or layoff as result of any substantial layoff at a plant or facility, etc.	Termination letter/ Employer statement ESC verification WARN notice ** Self-Attestation – client statement attesting to dislocation
5. General Announcement of Layoff or Closure Within 180 Days Employed at a facility at which the employer has made a general announcement that such facility will lay off or close.	Employer statement WARN notice ** Self-Attestation-client statement attesting to upcoming closure or layoff
6. Eligible for Services due to Closure For purposes of eligibility to receive services other than training, intensive, or supportive services, an individual who is employed at a facility at which the employer has made a general announcement facility will close.	Termination letter/ Layoff notice/ Employer Statement ESC verification WARN notice ** Self-Attestation – client statement attesting to dislocation
7. Was Self-employed but is Currently Unemployed as a Result of General Economic Conditions in Community,	Payment of employee and employer parts of FICA tax Wage records Copy of W-2 form Farm/Business financial records News media report General LMI information ** Self-Attestation – client statement attesting to self-employment and poor economic conditions
8. Was Self-employed but is currently Unemployed as a Result of a Natural Disaster	Payment of employee and employer parts of FICA tax Wage records Copy of W-2 form Farm/Business financial records News media report Official government declaration ** Self-Attestation – client statement attesting to self-employment and business impact due to natural disaster
9. Displaced Homemaker , an individual who has been providing unpaid services to family members AND Has been dependent upon the income of another family member AND Is no longer being supported by that income AND Is unemployed or underemployed and having difficulty in obtaining or upgrading employment.	Public Assistance records Court records Bank records Spouse’s layoff notice Spouse’s death record ** Self-Attestation-client statement attesting to displacement circumstance