

**ELIGIBILITY CHECKLIST  
DISLOCATED WORKER**

<b>Applicant Name:</b>	
<b><u>Qualifying Employment</u></b>	
<b>Employer:</b>	<b>Occupation:</b>
<b>Indicate appropriate Eligibility Category (1, 2, 3, 4, 5)</b>	
<p><b>Category 1 (all three boxes must be checked):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has been terminated or laid-off, or who has received a notice of termination or layoff from employment; AND</li> <li><input type="checkbox"/> Is eligible for or has exhausted entitlement to unemployment compensation, or 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; AND</li> <li><input type="checkbox"/> Is unlikely to return to a previous industry or occupation.</li> </ul>	<p><b>Category 2 (one box must be checked):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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 substantial layoff at, a plant, facility, or enterprise; OR</li> <li><input type="checkbox"/> Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; OR</li> <li><input type="checkbox"/> For purposes of eligibility to receive services other than training services described in Section 134(c)(3), career services described in Section 134(c)(2), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.</li> </ul>
<p><b>Category 3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Was self-employed (including employment as a farmer, 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.</li> </ul>	<p><b>Category 4</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is a Displaced Homemaker</li> </ul> <p><b>Category 5</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is the spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; OR</li> <li><input type="checkbox"/> Is the spouse of a member of the Armed Forces on active duty and who meets the definition of a Displaced Homemaker.</li> </ul>

<b>Identify Documents Used to Establish Eligibility</b>
Category 1:
Category 2:
Category 3:
Category 4:
Category 5:
Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No