

THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA

WIOA ADULT & DISLOCATED WORKER ELIGIBILITY & DATA VALIDATION POLICY

Revision Date: July 1, 2026

THE MISSISSIPPI PARTNERSHIP
WIOA ADULT & DISLOCATED WORKER ELIGIBILITY & DATA VALIDATION POLICY

I. Scope and Purpose

The purpose of this policy is to detail the requirements for WIOA eligibility and data validation documentation and streamline the eligibility process for adults and dislocated workers receiving services in the Mississippi Partnership Local Workforce Development Area.

This policy shall be implemented in accordance with the Workforce Innovation and Opportunity Act (WIOA), applicable federal regulations, TEGL 23-19, Change 3, TEGL 10-16, Change 4, the current ETA Participant Individual Record Layout (PIRL), Data Element Validation Specifications, State Workforce Development Board policies and guidance, and applicable Management Information System (MIS) procedures. Where conflicts exist, federal law and guidance shall take precedence. Subsequent guidance issued by the U.S. Department of Labor, Employment and Training Administration (ETA), or the State Workforce Development Board shall be incorporated upon issuance.

II. Definitions Related to Adult & Dislocated Worker Eligibility & Data Validation

- **Adult**, as defined by WIOA and its regulations, is an eligible participant who is aged 18 or older, is a U.S. citizen or authorized to work in the United States; and complies with the Selective Service registration requirements, if applicable.

NOTE: When WIOA Adult funds are limited, priority of service must be given to adult participants. See the MPWDA Priority of Service Policy for more information.

- **Data Validation** is the process of verifying the accuracy, completeness, and consistency of participant data entered into the management information system and reported for federal performance accountability purposes. Data validation confirms that required data elements are supported by appropriate source documentation and have been recorded in accordance with applicable federal, state, and local requirements. Data validation does not establish participant eligibility; rather, it verifies that eligibility determinations, services, outcomes, and performance information have been properly documented and reported.
- **Dislocated Worker**, as defined by WIOA and its regulations, is an eligible participant who meets the general eligibility for adults and
 - a. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment, and is unlikely to return to a previous industry or occupation, and
 - i. is eligible for or has exhausted entitlement to unemployment compensation, or
 - ii. has been employed for a duration sufficient to demonstrate to the appropriate entity at a one-stop center attachment to the workforce, 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;
 - Or**
 - b. 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 any substantial layoff at a plant, facility, or enterprise;

Or

- c. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days;
- Or**
- d. For purposes of eligibility to receive services other training services described in section 134(c)(3), career services described in section 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close;
- Or**
- e. Was self-employed (including employment as a farmer, a 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;
- Or**
- f. Is a displaced homemaker – an individual who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income, and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
- Or**
- g. Is the spouse of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), and:
 - i. 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
 - ii. is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

For additional guidance concerning dislocated workers, consult the MPWDA Dislocated Worker Registration policy.

- **Eligibility Determination** is the process of assessing and documenting an individual's qualification for participation in a WIOA-funded program or service. Eligibility determinations shall be completed prior to enrollment and shall be supported by source documentation verifying applicable eligibility criteria, including but not limited to age, citizenship or authorization to work, Selective Service registration, income, employment status, and any program-specific eligibility requirements.

III. Eligibility & Data Validation Requirements

Staff responsible for determining and documenting participant eligibility and the required data element validations should exercise reasonable and professional judgment. If staff has reason to believe a participant is misrepresenting an eligibility item, additional information and documentation should be requested, copied and maintained in the participant file. Attachment A has a list of acceptable documentation for each item for adults and dislocated workers.

A. Adults & Dislocated Workers Eligibility & Data Validation Requirements

1. Staff shall submit to WebEx/Imaging and maintain on file a copy of the documentation used to verify the following eligibility and data validation items (see Attachment A).

Participant's Receiving WIOA Services should have the following applicable items documented:

- Participant's Name & Age/Date of Birth
- Social Security Number
- Citizenship Status/Authorized to Work in the U.S.

- Selective Service Status
- Low Income Status
- TANF Recipient
- SNAP Recipient
- Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) Recipient
- Other Public Assistance Recipient
- Dislocated Worker Status & Dislocation Date
- Displaced Homemaker
- Individual with a Disability
- Eligible Veteran Status
- Unemployment Compensation
- Long-Term Unemployed at Program Entry
- Basic Skills Deficiency
- Migrant & Seasonal Farmworker Status
- Rapid Response Participant
- Foster Care Youth Status at Program Entry (ages 24 or younger)
- Homeless
- Ex-Offender Status at Program Entry
- English Language Learner
- Single Parent to Program entry
- School Status at Program Entry
- WIOA Services Received
- Other Reason for Exit
- Measurable Skill Gains
- Certificate, Degree, and/or Credentials received during participation in or within 1 year after exit from WIOA
- Employment Status 1st, 2nd, 3rd, and 4th quarters after exit, including entering non-traditional employment

Additionally, the following forms are required when applicable:

- MPWDA Self-Attestation Form (Attachment B) {Only applicable if Self-Attestation is utilized}
- MPWDA Family & Income Form (Attachment C) {REQUIRED FOR ALL PARTICIPANTS}
- MPWDA Zero Income Form (Attachment D) {Only if applicable}
- MPWDA Adult Priority of Service Form (Attachment E) {REQUIRED FOR ALL ADULTS}
- All Dislocated Worker participant files must have the MPWDA Dislocated Worker Attestation Form (Attachment F).

2. No additional documentation or applicant information should be copied or placed in the file unless staff determines there is a need. The need for career and training services can be documented on either the Employment Development Plan or in the staff case notes.

For additional guidance on dislocated worker eligibility, refer to the Mississippi Partnership Local Workforce Development Area's Dislocated Worker Registration Policy.

B. Absence of Documentation

Attachment A of this policy provides a list of acceptable documentation for adult and dislocated worker eligibility and data elements. Staff shall maintain in the participant file, a copy of the WIOA documentation as well as a copy of the WIOA required forms. The signature of the participant is required on the WIOA required forms.

Staff should utilize self-attestation only in extreme circumstances when obtaining documentation causes undue hardship on the youth and would delay services to the youth.

If an adult or dislocated worker is enrolled into the program through self-attestation, the staff should assist the participant in obtaining the required documents through the use of supportive services as these documents are likely needed for employment and training related activities. Once documentation is obtained by the participant, the staff should include a copy of the documentation in the participant file.

Staff must maintain detailed case notes regarding the use of self-attestation. The fiscal agent will review the use of self-attestation during monitoring to ensure staff is doing their due diligence to obtain the necessary documentation.

C. Ineligible Participants

Participants determined to be ineligible should be exited immediately upon discovery of the ineligibility. Corrective actions should be implemented to correct conditions that result in erroneous determinations. The fiscal agent staff should be contacted in such cases.

D. Fraud

Participants determined to be ineligible due to fraud or purposeful misrepresentation should be exited immediately, an incident report should be filed, and repayment requested from the participant for all costs incurred as a result of ineligibility. The fiscal agent staff should be contacted in such cases.

III. Effective Date

This policy is revised effective July 1, 2026.

Attachments:

- A Adult & Dislocated Worker Acceptable Documentation List
- B MPWDA Self-Attestation Form
- C MPWDA Family & Income Form
- D MPWDA Zero Income Form
- E MPWDA Dislocated Worker Attestation Form

Eligibility/Data Element	Documentation Required in File (one document per data element)
Adult/Dislocated Worker Eligibility Information	
Participant Name & Age/Date of Birth	<ul style="list-style-type: none"> • Driver's License • Baptismal Record • Birth Certificate • DD-214 • Report of Transfer or Discharge Paper • Federal, State, Local or Tribal Identification Card • Passport • Hospital Record of Birth • Public Assistance/Social Service Records • School Records or ID Cards • Work Permit • Family Bible • Justice System Records • Selective Service Registration • Medical Records • Other official document issued by federal, state, or local government agency, such as discharge documents from the MDOC with date of birth. • Cross-match with state agency records • Signed letter from parent or guardian
Social Security Number	<ul style="list-style-type: none"> • Social Security Card • UI Wage Records with SSN & Name • Social Security Administration Printout verifying SSN
Citizenship Status/Authorized to Work in the U.S.	<ul style="list-style-type: none"> • Collection of any List A document or combination of one List B and one List C document of the I-9 Form
Selective Service Status	<ul style="list-style-type: none"> • Selective Service Card or Acknowledgement Letter • DD-214, Certificate of Release or Discharge from Active Duty to document exemption/compliance • Verification from the Selective Service Website (www.sss.gov)
Low Income (If Low Income due to Household Income)	<ul style="list-style-type: none"> • Award Letter From Veteran's Administration • Bank Statements • Pay Stubs • Compensation Award Letter • Court Award Letter • Pension Statement • Employer Statement/Contact • Family or Business Financial Records • Housing Authority Verification • Quarterly Estimated Tax for Self-Employed Persons • Social Security Benefits • UI Claim Documents
TANF	<ul style="list-style-type: none"> • TANF Eligibility Verification • TANF Period of Benefit Receipt Verification • Referral Transmittal from TANF • Cross-Match with TANF Documents
SNAP	<ul style="list-style-type: none"> • SNAP Eligibility Verification • Authorization to Receive Food Stamps • Documentation of SNAP Benefit Rec. • Referral Transmittal from SNAP • Cross-Match with SNAP Records in MS Works

Eligibility/Data Element	Documentation Required in File (one document per data element)
Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	<ul style="list-style-type: none"> • SSI/SSDI Receipt of Benefits Verification • Referral Transmittal from SSA • SSI/SSDI Eligibility Verification
Other Public Assistance	<ul style="list-style-type: none"> • Copy of Authorization to receive Cash Public Assistance • Copy of Public Assistance Check • Medical card showing cash grant status • Public Assistance Verification
Date of Dislocation	<ul style="list-style-type: none"> • Verification from Employer • Rapid Response List • Notice of Layoff • Public Announcement with Follow-Up Cross-Match with UI Database • Self-Attestation
Displaced Homemaker	<ul style="list-style-type: none"> • Cross-Match with Public Assistance Records • Copy of Spouse's Layoff Notice • Copy of Spouse's Death Record • Copy of Spouse's Permanent Change of Station (PCS) Orders (for a military move or assignment) • Copy of Divorce Records • Copy of Applicable Court Records • Copy of Bank Records (showing financial dependence on spouse, no separate individual income support, or no employment income earned) • Needs Assessment • Self-Attestation
Adult/Dislocated Worker Additional Information	
Individual with a Disability <i>Note: Detailed information about the disability is not necessary</i>	<ul style="list-style-type: none"> • School 504 Records Provided by Student • Assessment Test Results • School Individualized Education Program (IEP) record • Self-Attestation
Eligible Veteran Status	<p>Source documentation beyond Self-Attestation for this element is only required at the point in which a decision is made to enroll a covered person over a non-covered person and commit financial resources, which does not include staff time. (Per TEGL 10-09, Section 9.)</p> <ul style="list-style-type: none"> • DD-214 • A Letter from the Veterans' Administration • NGB- 22 documenting Title 10 federal active duty service • Self-Attestation
Unemployment Compensation	<ul style="list-style-type: none"> • Documentation from UI showing participant is receiving UI benefits
Long-Term Unemployed at Program Entry (27 or more consecutive weeks)	<ul style="list-style-type: none"> • Public Assistance Records • Refugee Assistance Records • Self-Attestation
Basic Skills Deficiency	<ul style="list-style-type: none"> • Assessment Test Results • Applicable Records from Education Institution (transcripts, academic assessments, or other school documentation) • Case notes
Migrant & Seasonal Farmworker Status	<ul style="list-style-type: none"> • NFJP Eligibility Documents used to determine low-income status • Employer Contract/Letter • Program application • Case notes • Self-Attestation

Eligibility/Data Element	Documentation Required in File (one document per data element)
Rapid Response	<ul style="list-style-type: none"> • Case notes • Rapid Response List • Self-Attestation
Foster Care Youth Status at Program Entry (ages 24 or younger)	<ul style="list-style-type: none"> • Written Confirmation from Social Services Agency • Case notes • Foster Care Agency Referral Transmittal • Intake Application or Enrollment Form • Needs Assessment • Individual Service Strategy • Self-Attestation
Homeless	<ul style="list-style-type: none"> • Intake Application or Enrollment Form • Written Statement or Referral Transmittal from a Shelter or Social Service Agency • Needs Assessment • Case notes • Individual Service Strategy • A letter from caseworker or support provider • Self-Attestation
Ex-Offender Status at Program Entry	<ul style="list-style-type: none"> • Documentation from the Juvenile or Adult Criminal Justice System • Written Statement or Referral Document from a Court or Probation Officer • Referral Transmittal from a Reintegration • Intake Application or Enrollment Form • Case notes • Needs Assessment • Individual Service Strategy • Federal Bonding Program Application • Self-Attestation
English Language Learner	<ul style="list-style-type: none"> • Assessment Test Results • Applicable Records from Education Institution (transcripts, or other school documentation) • Intake Application or Enrollment Form • Individual Service Strategy • Case notes • Self-Attestation
Single Parent at Program Entry	<ul style="list-style-type: none"> • Needs Assessment • TANF Single Parent Eligibility Verification • Intake Application or Enrollment Form • Individual Service Strategy or Employment Plan • Case notes • Self-Attestation
School Status at Program Entry	<ul style="list-style-type: none"> • Applicable records from education institution (GED certificate, diploma, attendance record, transcripts, drop out letter, school documentation) • Intake Application or Enrollment Form • Electronic Records • Case notes • Self-Attestation

Eligibility/Data Element	Documentation Required in File (one document per data element)
Adult/Dislocated Worker Services Information	
Any WIOA Basic or Individualized Career Services	<ul style="list-style-type: none"> • Case notes • Cross-Match • Electronic Records
Type of Work Experience (<i>example: Internship, Apprenticeship, transitional job</i>)	<ul style="list-style-type: none"> • Refer to MPWDA Imaging Procedures for Adults & Dislocated Workers
Type of Training (<i>example: ITA, OJT, Incumbent Worker</i>)	<ul style="list-style-type: none"> • Refer to MPWDA Imaging Procedures for Adults & Dislocated Workers
Adult/Dislocated Worker Exit Information	
Other Reasons for Exit	<ul style="list-style-type: none"> • Information from partner services • Withdrawal form with explanation • Obituary printed from reliable website • Information from institution or facility • Case notes
Adult/Dislocated Worker Performance/Outcome Information	
Measurable Skill Gains: Educational Functioning Level (EFL) (<i>Only During Participation</i>)	<ul style="list-style-type: none"> • Pre- and post-test results measuring EFL gain
Measurable Skill Gains: Postsecondary Transcript/Report Card (<i>Only During Participation</i>)	<ul style="list-style-type: none"> • Transcript • Report Card
Measurable Skill Gains: Secondary Transcript/Report Card (<i>Only During Participation</i>)	<ul style="list-style-type: none"> • Transcript • Report Card
Measurable Skill Gains: Training Milestone (<i>Only During Participation</i>)	<ul style="list-style-type: none"> • Documentation of a skill gained through OJT or Registered Apprenticeship • Contract and/or evaluation from employer or training provider documenting a skill gain • Progress report from employer documenting a skill gain
Measurable Skill Gains: Skills Progression (<i>Only During Participation</i>)	<ul style="list-style-type: none"> • Results of knowledge-based exam or certification of completion • Documentation demonstrating progress in attaining technical or occupational skills through an exam or benchmark attainment • Documentation from training provider or employer • Copy of a credential that is required for a particular occupation and only is earned after the passage of an exam
Credential/Certificate/HS Diploma or Equiv. (<i>During participation thru 12 months of follow-up</i>)	<p>See the MPWDA Certificates & Credential Policy for additional information</p> <ul style="list-style-type: none"> • Copy of Diploma, Credential or Degree Awarded by Education Institution • Applicable Records from Education Institution (GED certificate, transcripts, report card, enrollment record or other school documentation) • Follow-up survey from program participants • Case notes documenting information obtained from education or training provider

Eligibility/Data Element	Documentation Required in File (one document per data element)
<p>Employed 1st Quarter after Exit*</p> <p>Employed 2nd Quarter after Exit*</p> <p>Employed 3rd Quarter after Exit*</p> <p>Employed 4th Quarter after Exit*</p> <p>This includes unsubsidized employment, registered apprenticeships, and military.</p>	<ul style="list-style-type: none"> • Follow-up survey from program participants • Paycheck stubs, tax records, W2 form • Quarterly tax payment forms, such as a IRS form 941 • Document from employer on company letterhead attesting to an individual's employment status and earnings • Self-employment worksheets signed and attested to by program participants • Case Notes
<p>Entered Non-Traditional Employment</p>	<ul style="list-style-type: none"> • UI Wage Records • Supplemental data sources defined by TEGL 26-16 follow up services • Surveys • Record sharing wit other federal employment and employment databases • Other out of state federal wage records systems • Case Notes

*Documentation must be maintained for each quarter that the adult/dislocated worker is reported as being in employment. Such documentation must be clearly identified for each quarter.

The Mississippi Partnership WIOA Self-Attestation Form

First Name	Middle Initial	Last Name
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I hereby certify, under penalty of perjury, that the following information is true:

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**Note: Self-Attestation is not an allowable method for documenting low-income eligibility.*

I certify that the information provided on this document is true and accurate to the best of my knowledge. I understand the information on this document, if misrepresented or incomplete, may be grounds for immediate termination from the WIOA Program and/or penalties as specified by law. I agree that if I am able to obtain documentation of items on this form while I am in the WIOA program I will provide a copy to the WIOA Staff.

Applicant Signature

Date

Parent/Guardian Signature (if required)

Date

I certify that the information recorded on this form was provided by the individual(s) whose signatures appear above:

WIOA Staff Signature

Date

The Mississippi Partnership WIOA Family & Income Form

First Name	Middle Initial	Last Name
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Include only the following relatives who live in the same household as the participant.

FAMILY SIZE DETERMINATION		TOTAL GROSS INCOME*
Relationship to Participant	Family Member Name	Gross Income (Previous 12 months)
<input type="checkbox"/> Self		\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild		\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild		\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild		\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild		\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild		\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild		\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild		\$
TOTAL HOUSEHOLD GROSS INCOME (Including Participant & Family)		\$

REVIEW OF LOW INCOME AUTOMATIC QUALIFIERS		
<i>If a participant answers Yes to any of these questions, WIOA staff must obtain documentation.</i>		
1. Is the Participant a youth who lives in a "High Poverty County"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the Participant an In-School Youth who is eligible for free or reduced lunch based on individual eligibility criteria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the Participant a Foster Child on behalf of whom state or local government payments are made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the Participant Homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Within the last 6 months, has the participant or the participant's family received the following:		
a. TANF Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. SNAP Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. SSI Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* NOTE: If the WIOA participant is determined to be low income and there is not an automatic low-income qualifier documented, WIOA staff must have income documentation for each family member listed above that has income.

I attest that all information provided above is true to the best of knowledge.

Applicant Signature	Date
Parent/Guardian Signature (if required)	Date
WIOA Staff Signature	Date

The Mississippi Partnership WIOA Zero Income Form

First Name	Middle Initial	Last Name
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NOTE: Use this form for participants whose household family income is \$0 and who do not meet any of the low income automatic qualifiers.

This is to certify that no members of my family listed on the WIOA Family & Income Form have received income from any of the following sources:

- Wages from Employment
- Income from Self-Employment
- Unemployment Compensation
- Child Support Payments
- Regular payments from railroad retirement, strike benefits from union funds, worker's compensation or training stipends
- Alimony
- Military Pay
- Pensions
- Regular insurance or annuity payments
- College or university grants, fellowship, and assistantships
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts
- Net Gambling or Lottery Winnings
- Social Security Disability Insurance (SSDI)
- TANF Benefits
- SNAP Benefits
- Supplement Security Income (SSI) payments

In order to live, my family and I have received assistance (such as money food, or shelter) from

_____.

I attest that all information provided above is true to the best of knowledge.

<hr/>	<hr/>
Applicant Signature	Date
<hr/>	<hr/>
Parent/Guardian Signature (if required)	Date
<hr/>	<hr/>
Signature of Person Providing Assistance (REQUIRED)	Date
<hr/>	<hr/>
WIOA Staff Signature	Date

MPWDA Dislocated Worker Status Attestation Form

To be eligible for the dislocated worker program, an individual must be 18 years of age or older. The Mississippi Partnership Dislocated Worker Registration Policy includes the following 6 categories for dislocated workers:

- ☐ Category 1 (must meet each bullet point)
- Has been terminated or laid off or received a notice of termination or layoff from employment; **AND**
 - Is currently eligible for or has exhausted unemployment compensation (UC) **OR** has demonstrated attachment to the workforce, but is not eligible for UC due to insufficient earnings or having uncovered employment; **AND**
 - Is unlikely to return to a previous industry or occupation

Name of Employer and hourly wage when laid off:

- ☐ Category 2 (indicate which category)
- Has been terminated or laid off or has received a notice of termination or layoff from employment due to a permanent closure or a substantial layoff, **OR**
 - Is employed at a facility at which the employer has made a general announcement that the facility will close within 180 days, **OR**
 - Is employed at a facility at which the employer has made a general announcement of closure, but there is either no known date or the date will occur after 180 days. {In this instance training services, career services described in Section 134(c)(2)(A)(xii) or supportive services may not be given to the applicant.}

Name of Employer and hourly wage when laid off:

- ☐ Category 3
Was self-employed, but is unemployed as a result of economic conditions in the community or is unemployed due to a natural disaster

- ☐ Category 4
Is a displaced homemaker defined as an individual who has been providing unpaid services to family members in the home and who:
- Has been dependent on the income of another family member, but is no longer supported by that income; **AND**
 - Is unemployed or underemployed and is experiencing difficulty in obtaining employment

- ☐ Category 5
Is the spouse of a member of the Armed Forces on active duty and who (indicate which category):
- has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; **OR**
 - is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

- ☐ Category 6 – Disaster Related Unemployment (indicate which category)
- Is temporarily or permanently laid off as a consequence of the disaster; **OR**
 - Is an eligible dislocated workers as defined in WIOA Section 3(15); **OR**
 - Is long-term unemployed workers, as defined by one of the following:
 - ✓ Unemployed for more than 8 weeks; **OR**
 - ✓ Unable to secure employment due to the general economic condition in the community in which the individual resides as a result of the disaster.

By signing this form, I attest that I meet the dislocated worker status marked above.

Customer Signature

Date

Witness by WIN Job Center Staff Signature

Date