

DISLOCATED WORKER STATUS

You are being asked to verify the claim that you or your spouse is a dislocated worker, or if you are *dependent* for federal aid purposes, that your *parent* is a dislocated worker.

Student's name: _____ **Phone:** _____

Important! Review the definition of Dislocated Worker on page 2 before completing this form. Note: If a person quits work, generally he/she is not considered a dislocated worker, even if the person is receiving unemployment benefits.

SECTION A. Verification of Dislocated Worker Status: Check the appropriate box below.

Only check one box in this section!

Dependent students:

Yes, my parent is a dislocated worker, or at the time I filed my FAFSA, my parent was a dislocated worker. I have attached copies of official documentation* to support this claim.

OR

Independent students:

Yes, I am (and/or my spouse is) a dislocated worker, or at the time I filed my FAFSA I was (and/or my spouse was) a dislocated worker. I am providing copies of official documentation* to support this claim.

OR, if a correction to your FAFSA is required:

You do not need to return this form. Correct your FAFSA online at ***studentaid.gov***.

SECTION B. Documentation of Dislocated Worker Status: (*See page 2 for examples of documentation.)

I checked one of the boxes claiming dislocated worker status in Section A and am providing the following documentation as described on page 2.

Documentation includes: _____

SECTION C. Request for Special Review. If your household income has been significantly impacted since 2018, you may be eligible for a special review to consider your current financial circumstances. If you would like the financial aid office to review your current situation, check the box below. If not, proceed to Section D.

My financial situation has changed significantly since 2018. Please send me a **Special Review** form.

SECTION D. CERTIFICATION

I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail or both.

Student signature: _____ **Date:** _____

Parent signature: _____ **Date:** _____

(Parent signature required if student is dependent for federal student aid purposes.)

Under the Workforce Investment Act (WIA), a dislocated worker is an individual who belongs to at least one of the following categories:

1. An individual who:
 - Has been terminated or laid off from employment or received a notice of termination or layoff; **and**
 - Is eligible for or has exhausted his or her unemployment compensation or is not eligible for it because, even though he or she had been employed long enough to demonstrate attachment to the workforce, he or she had insufficient earnings or performed services that were not covered under a state’s unemployment compensation law; **and**
 - He or she is unlikely to return to a previous industry or occupation.
2. An individual who was terminated or laid off from employment or received a notice of termination or layoff as a result of any permanent closure of, or any substantial layoff at, a plant, facility or enterprise.
3. An individual who is employed at a facility at which the employer made a general announcement that it will close within 180 days.
4. An individual who is employed at a facility at which the employer made a general announcement that it will close.
5. A self-employed individual (including farmers, ranchers, and fishermen) who is unemployed because of natural disasters or because of general economic conditions in his or her community.
6. Displaced homemaker is an individual who:
 - Has been providing unpaid services to family members in the home; **and**
 - 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 having difficulty obtaining or upgrading employment.

**An underemployed person is an individual who is working part time but wants to work full time or one who is working below the demonstrated level of his or her education or job skills.
7. Military service members who terminate employment with the military meet the termination component of the WIA definition of dislocated worker as long as they also satisfy the other criteria for dislocated worker eligibility, including the requirement that the individual is “unlikely to return to a previous industry or occupation.” This does not include National Guardsmen or Reservists.

***Official documentation to support dislocated worker status:**

Job Loss: Written notification from employer regarding layoff and/or a statement signed by the dislocated worker that clearly identifies the employer, the reason for the loss of employment and the date it occurred. If back to work, please provide the details including the date of return to work.

Self-employed individuals: A signed copy of your 2018 tax return and applicable schedules, including Schedule C, and a signed statement explaining the details of your situation and your estimated adjusted gross income for the academic year, July 1, 2020 – June 30, 2021.

Displaced homemaker: Provide a signed letter explaining the details of your situation.

Military Service Members/Spouses: Provide a copy of your (or your spouse’s) DD214 Member 4 copy or discharge papers.