

**TERMINATED OR LAID OFF**

**CATEGORY 1**

<p><b>1.</b>  <b>(A)</b> Has been terminated (without cause) or laid off , or who has received a notice of termination (without cause) or layoff, from employment;</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p><b>(B)</b>                  (a) Is eligible for or has exhausted entitlement to unemployment compensation. The term eligible for unemployment compensation includes any individual whose wages from employment would be considered in determining wages for unemployment compensation under federal or state unemployment compensation laws;</p> <p style="text-align: center;"><b><u>OR</u></b></p> <p>(b) Has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services or an employer that were not covered under a State unemployment compensation law;</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p><b>(C)</b> Is unlikely to return to a previous industry or occupation</p>	<p>Letter from employer or letter from union representative (the customer's name must appear on the letter)                  Newspaper Article with recent paystub                  Worker Adjustment and Retraining Notification Act (WARN) Notice with recent pay stub                  Telephone verification with employer or union representative                  Applicant Statement/Self-Certification</p> <p>Unemployment Insurance Documents                  Recent pay stub                  W-2 Form</p> <p>Recent pay stub                  W-2 and/or Tax Returns                  Unemployment Insurance Documents                  Statement by the employer or union representative                  Applicant Statement/Self-Certification</p> <p>Division of Employment Services Representative                  Job order search screen (Labor Market Information Division screens that indicates lack of industry/occupation availability)                  Doctor's statement or vocational rehabilitation counselor's statement indicating applicant's inability to return to previous industry/occupation due to physical limitations                  Applicant Statement/Self-Certification</p>
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**PERMANENT CLOSURE OF PLANT/FACILITY/ENTERPRISE OR SUBSTANTIAL LAYOFF**

**CATEGORY 2**

<p>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</p>	<p>Certification of Expected Separation                  Letter from employer or union representative (the customer's name must appear on the letter)                  Newspaper article with employment verification or recent pay stub                  Telephone verification from employer or union representative                  Layoff Notice                  Public Notice as determined by the State's Rapid Response Coordination Services                  UI Documents                  WARN Notice to Individual with Separating Employer                  WARN Notice to Labor Union which represents worker with recent paystub                  Applicant Statement/Self-Certification</p>
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CATEGORY 2 (CONTINUED)

<p><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;</p> <p><b>OR</b></p> <p><input type="checkbox"/> For purposes of eligibility to receive core services only, is employed at a facility at which the employer has made a general announcement that such facility will close.</p>	<p>Letter from employer (the customer’s name must appear on the letter)                  Newspaper article with recent pay stub                  Telephone verification from employer or union representative                  WARN Notice with recent pay stub                  Applicant Statement/Self-Certification</p>
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**FORMERLY SELF-EMPLOYED/CURRENTLY UNEMPLOYED**

CATEGORY 3

<p>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.</p>	<p>Business License/Permit                  IRS Forms                  Records of business closure                  Business Ledgers                  Chapter 7 – Bankruptcy published in Newspaper (Date must be shown)                  Chapter 11 – Bankruptcy published in Newspaper (Date must be shown)                  Failure of business supplier                  Failure of business customer                  Depressed prices or market                  Federal/State Declaration of Disaster                  Newspaper article on the state of the local economy or natural disaster                  Applicant Statement/Self-Certification</p>
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**DISPLACED HOMEMAKER**

CATEGORY 4

<p>The term “displaced homemaker” means an individual who has been providing unpaid services to family members in the home and who</p> <p>(A) has been dependent on the income of another family member but is no longer supported by that income;</p> <p style="text-align: center;"><b>AND</b></p> <p>(B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p>	<p>IRS Forms                  Court Records                  Medical Records                  Bank/Financial Records                  Divorce Decree                  Spouse Death Certificate/or Death Notice                  Spouse Disability Check                  Legal Documents showing filing for divorce                  Applicant Statement/Self-Certification</p> <p style="text-align: center;"><b>AND</b></p> <p>Employer verification                  Job search verification                  Applicant Statement/Self-Certification</p>
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