

**COLUMBIA-GREENE COMMUNITY COLLEGE WORKFORCE INVESTMENT OFFICE
DISLOCATED WORKER CERTIFICATION**

NAME	SS#	DATE
FULL ADDRESS		COUNTY
LAST EMPLOYER	DOCUMENTATION	
DISLOCATED WORKER STATUS		
DATE OF DISLOCATION		
CITIZENSHIP		

I have determined the individual to be eligible under one or more of the following categories:

- (A) Has been terminated or laid off, or who has received a notice of termination or layoff, from employment, and;
 - is eligible for or has exhausted entitlement to unemployment compensation; or
 - 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 state unemployment compensation law; and
 - and is unlikely to return to a previous industry or occupation;
- (B) Has been terminated or laid off, or received notice of termination or layoff, from employment as a result of any permanent closure of or substantial layoff at a plant, facility or enterprise;
 - is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or
 - is employed at a facility at which the employer has made a general announcement that such facility will close;
- (C) was self-employed but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; or
- (D) is a displaced homemaker (A 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 experiencing difficulty in obtaining or upgrading employment).
- (E) 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
 - Is the spouse of a member of the Armed Forces on active duty and meets the criteria of a displaced homemaker who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

APPLICANT'S DECLARATION

I CERTIFY the information I have supplied in completing this form is true and correct to the best of my knowledge. I AGREE that the information I have supplied may be subject to verification.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF INTERVIEWER	DATE