WIOA Title I Dislocated Worker Program Eligibility Self-Attestation Form

This form is used to record an individual's self-attestations that that they meet the criteria of at least one of six Dislocated Worker categories as required to be eligible for the Dislocated Worker Program.

Applicant Name		ASSET PIN
Name of Employer at Dislocation:		Did individual participate in Rapid Response services?
Date of Dislocation:		☐ Yes ☐ No
Dislocated Worker Categories (Must meet at least one)	SELF-ATTESTATIO	N – CHECK ALL THAT APPLY
Individual must also meet one of the following UI eligibility statuses: Eligible for UI Has exhausted UI Ineligible for UI due to insufficient earnings Ineligible for UI due to job was not covered by state UI law Career planners must document UI eligibility status for dislocated workers in this category on the WIOA Title I Dislocated Worker Program Eligibility Document Verification Form, using UI records, verbal verification from a UI representative, or verification of Re-employment Services and Eligibility Assessment (RESEA) funded services from the ASSET Manage Services tab.	individual I do not hat termination AND I am unlikely to returbecause (check all to	urn to my previous industry or occupation hat apply): to enter a new job that is different structurally ationally from my previous job. to enter a new job with lower seniority to my previous position. In in employment that decreases my chances of so the same level of occupation or type of job. Ilimited employment opportunities in my or industry in the local area. In oriended or inadequate skills. In oriended or inadequate skills.
Category 2: Permanent Mass layoff	termination substantial I received a days. I received a date given future).	inated/laid off or received notice of n/layoff because of permanent closure or l layoff (25+ workers). a general announcement of closure within 180 OR a General Announcement of Closure (without a or closure date is more than 180 days in the
Category 3: Separating or Separated Members of the U.S. Armed Forces	dishonora	vice member with a discharge other than ble, who has received a notice from the nt of Defense showing separation or imminent n.

WIOA Title I Dislocated Worker Program Eligibility Self-Attestation Form

Category 4: Self-employed	I attest that I was self employed and am unemployed because of: General economic conditions; OR Natural disaster.
Category 5: Displaced Homemaker	I attest that I have been doing unpaid work in the home and am unemployed or underemployed and: I was dependent on the income of another family member but I am no longer supported by that income; OR
	☐ I am the dependent spouse of a member of the Armed Forces on active duty whose family income is significantly reduced due to my spouse's deployment, order of active duty, permanent change of station, or service connected death or disability.
Category 6: Military Spouse	I attest that I am the spouse of a member of the U.S. Armed Forces on active duty, and: I have lost employment because of relocation of my spouse's duty station; OR I am unemployed or underemployed and am having trouble obtaining or upgrading employment.
Applicant Signature:	Date:
Certified by WIOA Career Planner:	Date:









A proud partner of the AmericanJobCenter network

Babel Notice

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin WDB and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral, or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law. An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not access English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual.

English IMPORTANT! There are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-4584 at no cost to

2

WDA 9: 10/21/2025

WIOA Title I Dislocated Worker Program Eligibility Self-Attestation Form

you.

Español ¡IMPORTANTE! Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-4584 sin costo alguno para usted.

Deutsch WICHTIG! Es gibt Dokumente, die wichtige Informationen über WIOA-Schulungsdienste enthalten; wie man sich für Ausbildungsdienste bewirbt; und Ihre Rechte, Pflichten und/oder Vorteile. Es ist wichtig, dass Sie die Informationen in diesen Dokumenten verstehen. Sie können telefonische Übersetzungshilfe für alle Dokumente erhalten, indem Sie (608) 789-4584 kostenlos anrufen.

Hmoob TSEEM CEEB! Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (608) 789-4584 yam tsis tau them nqi rau koj.

Accommodation Requests

Auxiliary aids and services are available upon request to individuals with disabilities. Please contact your WIOA Title I Career Planner or the WWWDB office for such requests.

Wisconsin Relay (7-1-1)

Wisconsin Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech-disabled. The service is available by dialing 7-1-1 or by calling TTY 1-800-947-3529. For more information, visit www.wisconsinrelay.com.

EO Tagline

Western Wisconsin Workforce Development Board is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Tira Ferry, Equal Opportunity Officer, at 608-789-4584 or tira@westernwdb.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.

WDA 9: 10/21/2025