**Disaster Recovery Employment Program**

**Customer Self-Attestation Form**

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| NAME: | LAST FOUR SSN: |

I understand that to receive services, certain items must be verified for eligibility. By completing below, I am self-attesting to the following items as applicable. *Please attach any supporting documentation available.*

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| **Check Correct**  **Category** | | **Category 12 Definitions per DWS OG 1-2025**  NOTE: Staff should enter supporting case notes related to the category/definition. |
| **1.** | | **I am 18 or older, long-term unemployed, and have made specific efforts to find employment, and am one of the following:** |
| **a.** |  | An unemployed adult who has been unemployed for 13 consecutive weeks or more; or |
| **b.** |  | An unemployed adult, who has been unemployed for 13 out of the last 27 weeks; or |
| **c.** |  | An unemployed adult, with a sporadic work history such as a history of temporary/seasonal employment, multiple terminations, or multiple quits; or |
| **d.** |  | An unemployed adult, who has never had a job and seeking employment. |
| **2.** | | **I am a self-employed individual, 18 or older, who is no longer self-employed due to the disaster event, and one of the following:** |
| **a.** |  | Employed less than full-time for 13 consecutive weeks or more and is seeking full-time employment; or |
| **b.** |  | Employed but meets the definition of low-income individuals in WIOA section 3(36); or |
| **c.** |  | Employed but whose job earnings are not comparable to his or her last job. |
| **3.** | | **I have been temporarily or permanently laid off (which includes those self-employed) as a consequence of the emergency or disaster, am 18 or older, and one of the following:** |
| **a.** |  | An adult, who was employed prior to the disaster event and experienced temporary unemployment caused by the impacts of the emergency or disaster; or |
| **b.** |  | An adult who was employed prior to the declared emergency or disaster and lost employment or experienced work, living, or family conditions that led to unemployment due to the impacts of the emergency or disaster. |

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| **Family Size/Income (Please complete)** | |
| I attest my family size is (including myself): | |
| I attest my family income for the past six (6) months is: $ | |
|  | **OR** |
| My household receives SNAP and documentation has been provided. | |

I attest that the above statements are true to the best of my knowledge and that information is subject to verification.

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Participant (Print) Participant (Sign) Date

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Career Advisor (Print) Career Advisor (Sign) Date