

**COLUMBIA-GREENE COMMUNITY COLLEGE WORKFORCE INVESTMENT OFFICE  
DISASTER RECOVERY NATIONAL 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:

<input type="checkbox"/>	A)	<input type="checkbox"/> An individual temporarily or permanently laid off as a consequence of the opioid crisis
<input type="checkbox"/>	(B)	<input type="checkbox"/> A self-employed individual who became unemployed or significantly underemployed as a result of the opioid public health emergency; or
<input type="checkbox"/>	(C)	<input type="checkbox"/> Long Term Unemployed, 27 continuous weeks or more.
<b>SELF ATTESTATION</b>		
<b>I hereby certify, under penalty of perjury, that:</b>		
<input type="checkbox"/> I declare that I was in a period of unemployment since: _____ (enter start date of unemployment)		
_____ Applicant's Signature		_____ Corroborating Witness Signature
_____ Date		_____ Date
<input type="checkbox"/>	(D)	Has been terminated or laid off, or who has received a notice of termination or layoff, from employment, and; <input type="checkbox"/> is eligible for or has exhausted entitlement to unemployment compensation; or <input type="checkbox"/> 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 <input type="checkbox"/> is unlikely to return to a previous industry or occupation;
<input type="checkbox"/>	(E)	<input type="checkbox"/> 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; <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; or is employed at a facility which the employer has made a general announcement that such facility will close;
<input type="checkbox"/>	(F)	<input type="checkbox"/> 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).
<input type="checkbox"/>	(G)	<input type="checkbox"/> 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
<input type="checkbox"/>	(H)	<input type="checkbox"/> 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

Your answer to this question is voluntary:

Do you, a friend, or any member of your family have a history of opioid use? Yes  No  Prefer Not to Answer