



**LA COUNTY CARES TRANSITIONAL JOBS PANDEMIC RELIEF EMPLOYMENT PROGRAM (PREP)
DISLOCATED WORKER SELF-ATTESTATION FORM**



IDENTIFYING INFORMATION

Applicant's Name	CalJOBS User ID#
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EMPLOYMENT INFORMATION

Employer Name	Employer Address
Employer Contact	Employer Phone
Job Title	Layoff/Furlough Date

FURLOUGHED

Individual is furloughed due to COVID-19, not working any hours or receiving any pay Yes No NA

UNEMPLOYMENT INSURANCE STATUS

I Applied for Unemployment Insurance Online Phone Date Applied: _____

UI Eligible Not UI Eligible

I Did Not Apply for Unemployment Insurance: Claim Exhausted Not Interested Other Reason _____

DISLOCATION EVENT COVID-19 RELATED

Is this dislocation event a result of COVID-19 Yes No

DISLOCATED WORKER CATEGORY

<input type="checkbox"/> DW Category 1–Terminated/Laid Off/Furloughed <i>(UI Receiving, Eligible, or Exhausted)</i>	<input type="checkbox"/> DW Category 5–Self-Employed
<input type="checkbox"/> DW Category 2–Terminated/Laid Off/Furloughed <i>(Not UI Eligible)</i>	<input type="checkbox"/> DW Category 6–Displaced Homemaker
<input type="checkbox"/> DW Category 3–Plant Closure/Substantial Layoff <i>(1/3 of Dept. or Company)</i>	<input type="checkbox"/> DW Category 7–Armed Forces Spouse <i>(Dislocated due to Relocation)</i>
<input type="checkbox"/> DW Category 4–General Announcement of Plant Closure	<input type="checkbox"/> DW Category 8- Armed Forces Spouse <i>(Underemployed or Unemployed)</i>

ADDITIONAL VERIFICATION FOR CATEGORY 1 AND 2 ONLY (“Unlikely to Return”)

Individual is unlikely to return to previous industry or occupation Yes No
(Note, all Covid-19 connected layoffs are considered unlikely to return to a previous industry or occupation)

APPLICANT CERTIFICATION

I hereby certify under penalty of perjury that the information on this form is true and accurate and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate program termination and/or penalties as specified by law.

_____	_____
Applicant Signature	Date

AJCC STAFF CERTIFICATION

I certify that the individual whose signature appears above provided the information recorded on this form.

_____	_____	_____
Print Staff Name	Staff Signature	Date