

# QUEST Dislocated Worker Grant

## Expanded Eligibility & Attestation Form

### Instructions:

Use this form to determine eligibility of participants receiving services funded through the QUEST Dislocated Worker Grant. Complete each and all sections. This form is invalid unless all applicable section details, signatures, and dates are completed.

This form should only be used for the purposes of the QUEST DWG. The eligibility process and documentation for formula-funded WIOA services must be completed separately and consistently with LWDB policies and procedures for participants co-enrolled in such services.

### Section I: Participant Information

Applicant Full Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

SSN (Last 4 Digits): \_\_\_\_\_

### Section II: DWG Eligibility Category (Please choose one)

Individuals temporarily or permanently laid off, as defined under a DWG, as a consequence of the COVID-19 pandemic disaster.

Temporary Layoff

Permanent Layoff

\_\_\_\_\_ Date of Separation:

Long-term unemployed individuals, defined as an individual who has been unemployed for at least 12 weeks of the most recent 15-week period;

Long-term unemployed individuals with barriers to employment, such as veterans, ex-offenders, etc., defined as an individual who has been unemployed for the most recent 4-week period;

Dislocated workers as defined by WIOA Section 3(15)

Self-employed individuals who became unemployed or significantly underemployed due to the COVID-19 pandemic disaster.

### Section III: Justification

Please provide a detailed justification for eligibility determination based on category in Section II.

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### Section IV: Documentation

Please provide list of documentation of accepted and verified to determine eligibility.

### Section IV: Attestation

#### Participant Self-Attestation

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination from any WIOA-funded program and/or penalties as specified by law.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (Printed): \_\_\_\_\_

#### LWDA Staff Verification

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

LWDA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LWDA Staff Name (Printed): \_\_\_\_\_

#### Notary Acknowledgement (optional - not required)

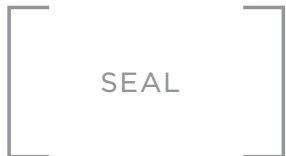
State of Georgia County of \_\_\_\_\_

On this \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ (the participant) personally appeared before me and provided sufficient documentation verifying their identity as the aforementioned participant and acknowledged and attested before me that the information provided is true and accurate.

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



For information regarding documentation requirements for dislocated workers under QUEST, please scan the QR code.

