**Dislocated Worker Affidavit**

**Dislocation Date *(Required for Category 1, 2, and 3 Dislocated Workers)***

Dislocation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM/DD/YYYY

**Unlikely to Return *(Required for Category 1 Dislocated Workers only)***

I am unlikely to return to my previous industry or occupation because: (Check as many that apply)

Declining demand for workers in previous field as documented by labor market information. (Support documentation required)

Barriers such as physical limitations prevent continuation in past employment.

Lack of skills to successfully accomplish work duties without further training.

Previous occupation has limited job orders in the State’s Labor Exchange (Support documentation required)

Lack of job offers to individual (Support documentation required)

Former temporary/seasonal worker unlikely to return to temporary/seasonal occupation (Requires Contract Administrator approval)

By signing this document, I do hereby certify that the information provided is true to the best of my knowledge. I am also aware that I am subject to immediate termination from the WIOA Title I funded program if I intentionally supplied inaccurate or misleading information.

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**Program Participant Signature Date**

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**Program Staff Signature** **Date**