

## 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 that prevented continuation in previous occupation.
- 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)
- The participant was laid off due to COVID-19.
- 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**

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**Date**

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**Program Staff Signature**

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**Date**