

WEEKLY REQUEST FOR ASSISTANCE Disaster Relief Act of 1974

Claimant's Name (*Last, First, M.I.*) _____

Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

New Address? Yes No Social Security Number _____ LO Number _____

Disaster NO.(FDAA DR) _____ Phone Number _____

Week Claimed (*Beginning Sunday Date*) _____ (*Ending Saturday Date*) _____

A. CLAIMANT REQUEST		
For the week claimed above, answer the following questions by checking the appropriate boxes and provide your work search contacts on the reverse. <i>(*Deputy action required)</i>	Yes	No
1. Were you available for work each regular workday?	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
2. Were you physically able to work each regular workday?	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
3. Did you look for work?	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
4. Have you contacted your last employer to determine when work would be available? If yes, date _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
5. Did you refuse any job offer or referral to work?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
6. Did you apply for or receive, or would you be eligible to receive if you had applied for:	<input type="checkbox"/>	<input type="checkbox"/>
a. (1) Unemployment compensation under any State or Federal Law?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
(2) Any amounts for loss of wages due to illness or disability?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
(3) Any type of private income protection insurance?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
(4) Any amount as a supplemental unemployment benefit (SUB)?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
b. Were any amounts payable to you from any retirement, pension or annuity under a public or private plan or system?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
c. Have you received any vacation, holiday, sick or severance pay?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
7. Have you received or applied for a Trade Readjustment Allowance (TRA)?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
8. Have you received or applied for Worker's Compensation by virtue of the death of the head of the household as a result of the major disaster?	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
9. Did you perform any work or earn any money?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you returned to work? If yes, date _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you still working? If no, show last day worked _____ Reason(s) for separation from last employer _____	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain on the back of this form.*

See page 3 for EOE/ADA disclosures

Below give employer name and address and list wages for each day in the week claimed. You must report TOTAL earnings BEFORE DEDUCTIONS, for the week you did work, whether or not you were paid during the week.

Employer's Name _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Date	Hours	Pay Rate	Total Earnings

Did you look for work? (You MUST report your work search below) Yes No

To be considered as actively seeking work you must (1) engage in a systematic and sustained effort to obtain work on at least four days of the week and (2) make at least one job contact per day on four different days of the week. For the week ending on the date shown on the front of this form, check the days you looked for work and list one job contact per day on four different days of the week. Four (4) contacts are required.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Date	Name of Employer/Company/ Union and Address (City, State and ZIP Code) or (Web URL, Email Address)	Name of Person Contacted	Method (In Person, Internet, Email)	Type of Work Sought	Action Taken On The Date Of Contact

Do you decline to file for the week because you did not meet the work search requirements? Yes No

If you did not look for work or meet the required contacts, you will be disqualified until you are reemployed and earn eight times your weekly benefit amount or until the end of the Disaster Unemployment Assistance period. You have the option to decline to file for the week. If you decline to file, you will not receive benefits for the week.

B. CLAIMANT CERTIFICATION

I CERTIFY that the information given on this form is correct, and I have supplied the information voluntarily, in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Act.

Claimant's Signature _____ Date (Mo, Day, Yr) _____

C. STATE AGENCY DETERMINATION

Reason for Determination

State Agency Representative's Signature _____ Date Authorized _____

Amount of DUA Payment Authorized for the week: \$ _____

DUA Reduced or Denied for the week claimed above.

DUA Termination Date (PL100-707): _____

D. APPEAL RIGHTS

This determination becomes final unless a written appeal is filed in person or by mail within 60 days after the mailing date shown on this form. If the last day of the appeal period falls on a Saturday, Sunday, or holiday, the appeal period will be extended to the next working day.

UI Non-UI Self-Employed