

## 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

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

\*Please explain on the back of this form.

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. 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

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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.