



## NOTICE OF POTENTIAL TRADE ADJUSTMENT ASSISTANCE (TAA) ELIGIBILITY AND APPLICATION

You may be eligible for Trade Adjustment Assistance (TAA) benefits and services based on your layoff information from the employer listed below. Complete and sign the enclosed application and return all pages to the Trade Act Unit so your potential eligibility for TAA can be determined as soon as possible. If you have any questions, **contact the Trade Unit at (833) 762-8196, option 3** or you may visit your local Employment Service Office. Return the completed application to:

TAA Staff  
Mail Drop: 5221  
400 W. Congress, Suite 420  
Tucson, AZ 85701  
OR Email: [AZTAA@azdes.gov](mailto:AZTAA@azdes.gov)

### EMPLOYER INFORMATION

Employer Name / Worker Group Covered By Certification:

Date:

Employer Address (No., Street, City, State, ZIP Code):

Petition Number:

Petition Certification Date:

Certification End Date:

Impact Date:

You may be eligible for TAA which may include the following:

- Career Assessment, Development, and Individual Career Counseling
- Approved Training/Education
- Connection to Additional Resources
- Job Search Allowance
- Relocation Allowance
- Weekly Trade Readjustment Assistance (TRA)
- Reemployment Trade Adjustment Assistance (RTAA)
- Health Coverage Tax Credit (HCTC)

You have been identified as an **adversely affected incumbent worker** by your employer. As a member of a group of workers who have been certified as eligible to apply for TAA, you have:

- Not been totally or partially separated from adversely affected employment as determined by the Department of Labor on an individual basis;
- Been threatened with total or partial separation; or
- Received a notice of termination or layoff from the trade-affected employer.

You may be entitled to:

- Pre-separation training to allow earlier intervention where layoffs are planned in advance and the employer specifically identified which workers will be affected;
- Reemployment services; and
- Case management services;

Beginning training in advance of a layoff lessens the amount of time needed to complete a training program. **If the threat of separation is removed during a training program, funding of the training must cease.** You will be able to complete any portion of the training program where TAA funds have already been expended. If the threat reoccurs, you may continue with the training outlined in the approved Training Plan.



### TRADE ADJUSTMENT ASSISTANCE (TAA) APPLICATION

You may be eligible for TAA benefits and services based on the following law:

2002 Trade Act      2009 TGAAA      2011 TAAEA      2015 TAARA

Name (Last, First, M.I.): \_\_\_\_\_ Application Date: \_\_\_\_\_

Mailing Address (No, Street, P.O. Box, City, State, ZIP Code): \_\_\_\_\_ County: \_\_\_\_\_ Social Security Number (Required see pg 4): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### TRADE-AFFECTED EMPLOYER

Employer: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Mailing Address (No., Street, City State, Zip Code): \_\_\_\_\_

Occupation: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Petition Number: \_\_\_\_\_ Petition Certification Date: \_\_\_\_\_ Certification End Date: \_\_\_\_\_ Impact Date: \_\_\_\_\_

#### Indicate if you are/were:

Still employed      Working full-time      Working part-time  
Laid off – Received notice of layoff:      Separation Date: \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_  
Expected Layoff Date: \_\_\_\_\_ Current Rate of Pay: \_\_\_\_\_

Other (explain): \_\_\_\_\_

#### Did you attend a meeting or session that included information regarding services available after a layoff?

Yes      No      If Yes, date: \_\_\_\_\_

In the last 52 weeks of employment with your trade-affected employer, how many weeks did you work and earn \$30 per week or more? \_\_\_\_\_

If the number of weeks above is less than 26, how many weeks were you on leave of absence, vacation, sick leave, military leave and/or full-time leave as a representative for a labor organization? \_\_\_\_\_

Have you received Worker's Compensation Benefits?      Yes      No      If yes, number of weeks: \_\_\_\_\_

#### ADDITIONAL EMPLOYMENT INFORMATION

If separated, have you worked for any employer since your separation from the above-named employer?

Yes      No

If yes, complete the following employer information:

Employer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Have you filed for Unemployment Insurance in the last 52 weeks?      Yes      No      Which state? \_\_\_\_\_

Have you filed for Trade Readjustment Allowances prior to this claim?    Yes    No

If yes, complete the following claim information:

State paying claim: \_\_\_\_\_ State where the claim was filed: \_\_\_\_\_ Date claim was filed: \_\_\_\_\_

I am currently enrolled in a training program: \_\_\_\_\_  
Name of Program

I am not currently enrolled in a training program

### STATISTICAL INFORMATION

Date of Birth: \_\_\_\_\_ Gender:    M    F    Disability (If yes, complete below):    Yes    No

Disability Status (Check all that apply):

Developmental Disability    Disability Affecting Employment    Learning Disability    Undisclosed

Category of Disability (Check all that apply):

Physical Impairment    Mental Impairment    Both

Is English your primary language?    Yes    No

If no, do you have a limited ability to read, write, speak, or understand English?    Yes    No

Immigration Status:

Are you a U.S. Citizen?    Yes    No

If No, indicate resident status:    Permanent    Temporary    Expiration Date: \_\_\_\_\_

Are you a Veteran?    Yes    No

Did you serve more than 180 days on active duty?    Yes    No    Are you a Campaign Veteran?    Yes    No

Do you claim eligible veteran status as other eligible person? (See below)    Yes    No

Are you a Transitioning Service Member?    Yes    No

To qualify as an "other eligible person", you must be the spouse of:

- A person who died on active duty or of a service-connected disability;
- A person who is currently listed for more than 90 days as missing in action, captured in the line of duty by a hostile force or forcibly detained or interned in the line of duty by a foreign government power;
- Any person who has a service-connected, permanent total disability; or
- A veteran who died while a disability so evaluated was in existence

### OPTIONAL STATISTICAL INFORMATION

Ethnicity: Hispanic/Latino:    Yes    No

Race (Check all that apply):    White    American Indian or Alaska Native    Asian  
 Native Hawaiian or Pacific Islander    Black or African American

### OTHER PARTNER PROGRAM PARTICIPATION

Currently receiving services from (check all that apply):

WIOA	Title 38 Veterans (LVER/DVOP)	Housing & Urban Development
Job Corps	Veterans Employment & Training	Migrant & Seasonal Farm Worker
Native American Programs	Vocational Rehabilitation	DES Child Care
Employment Service (Wagner-Peyser)	Adult Education	DES SNAP (formerly Food Stamps)
Unemployment Insurance	Postsecondary Vocational Education	TANF
Trade Adjustment Assistance	Community Services Block Grant	Other
Senior Community Service Employment	Employment & Training Activities	

Other Services:

**EDUCATION STATUS**

**Highest Grade Completed** (*check only the one that best describes your education completion status*):

0	HS Freshman	College Junior
1	HS Sophomore	College Senior
2	HS Junior	Associate's
3	HS Senior – No Diploma	Bachelor's
4	HS Senior – Diploma	Master's
5	HSE Diploma	Doctorate
6	Certificate of Attendance/Completion	Other
7	College Freshman	
8	College Sophomore	

Pell Grant Recipient:

Yes – Amount \$ \_\_\_\_\_  
 No

Current Educational Status: N/A  
 Pursuing Diploma/Certificate: Yes No  
 Attending School: Yes No  
     If Yes: Full-Time Part-Time  
 Attending Alternative School: Yes No  
 High School Dropout: Yes No

Credential(s): Complete the column for each credential earned that you choose to report. This is optional information. (*Provide additional credentials on a separate page*)

	Credential 1	Credential 2	Credential 3
Credentials:	_____	_____	_____
Institution:	_____	_____	_____
Date Attained:	_____	_____	_____

**STATEMENT OF UNDERSTANDING**

The Privacy Act of 1974 requires that this statement is provided to you because you are being asked to provide your Social Security Number (SSN) on this application; and as a requirement to report Trade Readjustment Allowances to the Internal Revenue Service as income that is potentially taxable. Disclosure of your SSN for this purpose is MANDATORY as it will also be used as a record index for processing your claim, for statistical purposes, and to verify your eligibility for Trade Readjustment Allowances and other public assistance benefits. Your SSN is solicited under the authority of the Internal Revenue Code of 1954: 26 U.S.C. 85, 6011 (s), 6050B, and 6109 (a). Should you decline to disclose your Social Security Number, your application for TAA will not be processed.

**The Department will determine your eligibility for Trade Adjustment Assistance (TAA). You will be issued a written determination of eligibility after you return this completed application that will include contact information for TAA Counselors in your local area. Because there are deadlines for some benefits, it is important that you meet with a TAA Counselor as soon as possible.**

You may find information regarding the TAA benefits and services at <https://des.az.gov/services/employment/job-seekers/trade-adjustment-assistance> and <https://www.doleta.gov/tradeact/>.

**APPLICANT AGREEMENT OF UNDERSTANDING**

I give this information to support my request for determination of entitlement to Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA). The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation to obtain benefits to which I am not entitled.

I understand that by signing this form, I am agreeing to the following:

1. The Trade Adjustment Assistance Unit, within the Arizona Department of Economic Security, may release information related to my participation with the Trade Adjustment Assistance (TAA) program to Workforce Innovation and Opportunity Act (WIOA) local provider representatives, vendors, educational facilities and employers to facilitate the development and completion of any TAA-connected training, job search, or relocation benefits that I may request.
2. The TAA Unit may release information related to my Trade Readjustment Allowance (TRA) Unemployment Insurance (UI) benefits to educational facilities where I am considering enrollment, or to WIOA provider representatives when necessary to help determine my eligibility for financial aid or other support programs.
3. The TAA Unit and representatives may obtain information related to my training from these same facilities and/or my previous TAA-certified employer for their use in determining my continued eligibility for TAA and/or TRA benefits.

The use of my Social Security Number for the three purposes above is mandatory in order to participate in TAA/TRA programs. Authority to release information is established under 19 U.S.C. Chapter 12, 20 CFR Part 617.

TAA APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_