

2023-2024 DISLOCATED WORKER VERIFICATION

Student Name _____ ID # _____

You indicated on your FAFSA that you, your spouse, or a parent are a dislocated worker. **Please complete the following sections and attach supporting documentation (see column 2 below).**

As of today, are any of the people indicated below a **Dislocated Worker**?

___ Parent ___ Student ___ Spouse (if married Student)

Please review the five scenarios below and indicate the one that best describes the type of dislocation:

ONE	IF YOU ARE:	REQUIRED DOCUMENTATION:
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Receiving unemployment benefits due to being terminated, laid off or received layoff notice and is unlikely to return to a previous occupation.

Documentation of unemployment benefits showing effective date of dislocation.