



**2021-2022 Dislocated Worker Form**

**DIRECTIONS:**

You indicated on the FAFSA that you, your spouse, or a parent is a dislocated worker. Information provided on this form as well as additional supporting documentation is needed to determine whether the dislocated worker status applies. Fill out one form for each person on the FAFSA who reported dislocated worker status.

**NOTE:** *If a person quits work, generally he/she is not considered a dislocated worker even if the person is receiving unemployment benefits.*

Last Name:

Tech CWID# or SSN:

First Name:

Date Person became a dislocated worker:

**Step 1. Check which of the following was a dislocated worker at the time you completed your FAFSA. Choose ONLY one.**

- You (student)       Your Parent  
 Your Spouse

Name of dislocated worker:   
*(if not student)*

**Step 2. Choose ONE condition that applies to the dislocated worker and provide documentation that is requested under your selection. Use one Dislocated Worker Form for each dislocated worker.**

- I am not a dislocated worker. I incorrectly answered the FAFSA question, or found employment since completing the FAFSA, and do not qualify as a dislocated worker.  
**\* Return this worksheet, signed and completed. Correct your FAFSA to "NO". No other documentation required.**

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- I am receiving unemployment benefits due to being laid off or losing a job and am unlikely to return to a previous occupation (excludes seasonal workers).  
**\* I will provide proof of unemployment benefits showing effective dates (beginning to end) and the monthly amount received.**

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- I am/have been laid off, or received a lay-off notice and am unlikely to return to a previous occupation.  
**\* I will provide a copy of a separation or termination notice from the employer stating the date of the lay-off. If a letter was not issued, contact your previous employer to request one.**

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- I was self-employed but am now unemployed due to economic conditions or natural disaster.  
**\* I will provide a statement explaining the hardship or natural disaster and how it led to or caused unemployment. Provide bankruptcy documentation, if applicable.**

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- I am the spouse of an active duty member of the Armed Forces and have experienced a loss of employment or a displaced homemaker (as described below) because of relocating due to permanent change in duty station.  
**\* I will provide a copy of my spouses' military orders.**

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- I am a displaced homemaker who previously provided unpaid services to the family (e.g. a stay-at-home mom or dad), am no longer supported by the husband or wife, am unemployed or underemployed, and I am having trouble finding or upgrading employment.  
**\* I will provide a copy of my divorce papers, legal separation agreement, or death certificate and a statement explaining my current situation. Document any income/asset settlements.**

**Step 3. Certification and Signatures**

**Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date this form. Note:** If we have reason to believe that the information is not accurate, we may require additional documentation.

Student Signature: \_\_\_\_\_

Date

Parent Signature: \_\_\_\_\_  
*(Required, if dependent)*

Date