

OURR Alliance Program Eligibility & Self-Attestation Form – Page 1

Applicant Information:

Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
Email:	Phone:		

Individuals entering WIOA & OURR services may self-attest to the information below:

1. Are you low-income? (please explain below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explanation:	
2. Are you legally entitled to employment within the U.S. and territories?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you 16 years of age or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever been legally employed? "Employed" includes self-employment and legal employment requiring a W-4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you incarcerated, or have you recently been incarcerated AND have not yet found employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes": Facility Name: _____ Release Date: _____	
6. Have you been unemployed for longer than 27 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes": Last Date of Employment: ____/____/____	
7. Have you been unemployed for at least thirty (30) days due to institutionalization into an inpatient treatments facility or outpatient treatment regimen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you unemployed due to a new or exacerbated disability or substance use disorder which prevents you from performing the essential functions of your previous employment and/or has impacted your ability to establish new employment? <i>If "Yes", please let the case manager know for confidential form.</i>	
9. Do you, a friend, or any member of your family have a history of opioid use? <i>Your answer to this section is voluntary. Only answer "yes" or "no"- do not provide additional details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do you plan to stay in the region? (Includes the Lewis, Mason, Grays Harbor, Pacific, or Thurston Counties of Washington State)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Self-Attestation Statement:

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

SIGNATURE OF PARTICIPANT

DATE

X

Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form.

SIGNATURE OF STAFF

DATE

X

OURR Alliance Program Eligibility & Self-Attestation Form – Page 2

Individuals entering WIOA & OURR services may self-attest to the information below:

Explanation for categories with a “yes” response below:

11. Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2) Yes ☐ No ☐
12. Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? (DW Category 5) Yes ☐ No ☐
13. Were you unable to continue employment due to your spouse’s permanent change of military station, or did you lose employment as a result of your spouse’s discharge from the military? (DW Category 6) Yes ☐ No ☐
14. Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? (DW Category 3) Yes ☐ No ☐
15. Are you a displaced homemaker? (DW Category 4)
Note: A displaced homemaker is an individual who was dependent on the income of another family member and is no longer supported by the income of another family member. Yes ☐ No ☐

	Dislocation Information	Current Employment Information
Date	Separation Date (if known):	Start Date:
Job Title		
Business Name		
Address		
City, State, Zip		

Self-Attestation Statement:

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SIGNATURE OF PARTICIPANT

DATE

X

Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form.

SIGNATURE OF STAFF

DATE

X

PacMtn and OURR Alliance are equal opportunity employers/programs. Auxiliary aids and services are available upon request to individuals with disabilities. WA Relay 711