

Application to the Trade Adjustment Assistance (TAA) and Dislocated Worker Programs

This form collects information to determine your eligibility for the Trade Adjustment Assistance (TAA) Program, which is administered by the Department of Workforce Development (DWD). You will not receive TAA benefits until you have completed this application, which is necessary to determine eligibility for TAA. DWD may use the information from this form for purposes other than those for which it was collected.

Section 1: Participant Information

1. Last Name, First Name, Middle Initial		2. Social Security Number		3. Date of Birth		4. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
5. Mailing Address		6. County		7. Email Address			
		8. Telephone Number		9. Are you receiving any of the following? (Mark all that apply) <input type="checkbox"/> Pell Grant <input type="checkbox"/> Food Share <input type="checkbox"/> SSDI <input type="checkbox"/> SSI Temporary Assistance for Needy Families (TANF): <input type="checkbox"/> currently receiving <input type="checkbox"/> received in last 6 months <input type="checkbox"/> within 2 years of exhausting <input type="checkbox"/> Other Income-based Public Cash Assistance			
10. Race <input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Do Not Wish to Disclose		11. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Not Applicable <input type="checkbox"/> Do Not Wish to Disclose		12. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," skip question 13 and proceed to question 14.		13. Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide Work Authorization Expiration Date: _____	
14. Do you have any cultural barriers such as a limited understanding of U.S. workplace customs and culture? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Wish to Disclose		15. Do you have trouble reading or speaking English? Reading <input type="checkbox"/> Yes <input type="checkbox"/> No Speaking <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is your preferred language? _____		16. Do you have trouble with basic math? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Are you the spouse of an active-duty military service member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Are you registered for Selective Service? If female, mark "N/A" If male, mark "Yes," "No," or "N/A" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Not Applicable)		19. Are you a military service veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete the following military service information: Active Duty Dates (MM/DD/YYYY) _____ to _____ Have you attended a TAP workshop within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		20. Character of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		21. Branch of Service: _____			

Section 2: Trade Affected Company Information

22. Trade Affected Company 		23. TRA Account Number 		24. Petition Number 		25. Impact Date 	
26. Trade Affected Company Physical Address		27. Job Title		28. Rate of Pay \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			
		29. First Day of Work		30. Last Day of Work		31. Projected Layoff Date <input type="checkbox"/> Unknown	
		32. In the 52-week period prior to your last day of work, did you work 26 weeks (6 months) or more at the Trade affected company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," how many weeks? _____		33. During your employment did you receive any vacation pay, sick pay, workers compensation, or other employer authorized leave? <input type="checkbox"/> Yes <input type="checkbox"/> No			
34. Reason for separation <input type="checkbox"/> Layoff/Business Closed/Downsized/Outsourced <input type="checkbox"/> Quit <input type="checkbox"/> Still Working <input type="checkbox"/> Other – Explain:		35. Is this a WI petition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," what state? _____		36. Within the past 10 years, have you participated in a previous TAA petition? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what state? _____		37. Did you attend a Rapid Response or orientation group meeting about layoff assistance from this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what date? _____	

Section 3: Dislocated Worker Eligibility

38. Do you have a recall date? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the recall date? _____	39. Select only one layoff category: <input type="checkbox"/> Individual or Small Group Layoff (24 or fewer people laid off) <input type="checkbox"/> Mass Layoff (25 or more people laid off) <input type="checkbox"/> Permanent Closure <input type="checkbox"/> Separating or Separated members of the U.S. Armed Forces <input type="checkbox"/> Self Employed and became unemployed due to local economic conditions or natural disaster <input type="checkbox"/> Displaced Homemaker supported by a family member who has been laid off <input type="checkbox"/> Military Spouse (spouse of someone on active duty, unemployed or underemployed)
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Section 4: Other Required Information

40. Are you currently receiving Unemployment Insurance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exhausted	41. Have you been employed after the Trade affected company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," name of the employer _____
43. Are you currently receiving income from any pension, retirement or 401K plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," name of the employer _____ If "Yes," skip question 42 and proceed to question 43.	42. Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Have you applied to receive any pension, retirement or 401K pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," name of the employer _____	45. What was your individual income over the previous 6 months? \$ _____
46. What was your immediate family's income over the previous 6 months? \$ _____	47. Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
49. Are you experiencing homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Wish to Disclose	48. Have you been unemployed for 27 consecutive weeks or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	50. Are you an offender or ex-offender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Wish to Disclose

Section 5: Education Information

51. Are you interested in training? <input type="checkbox"/> Yes <input type="checkbox"/> No	52. Are you currently attending post-secondary training? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," when did you start? _____
53. High school education <input type="checkbox"/> Attending High School or less <input type="checkbox"/> Attending Alternative School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Attained General Equivalency Diploma (GED) / Equivalent <input type="checkbox"/> Dropped Out of High School – last grade completed ____	54. If you answered Question 52 with "Yes," please indicate highest post-secondary degree completed. <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional Certification – type _____ <input type="checkbox"/> Other post-secondary degree or certification – Describe: _____
	55. Number of any post-secondary credits earned even if they did not end in a degree: _____

Section 6: Participant Certification

56. Petition Certification Date 	57. Last Day of Work 	58. Deadline to Enroll in Training
<p>I understand that the date in 48 is my training enrollment deadline. I understand that my failure to enroll in approved training by this date will result in the loss of benefits, such as Trade Readjustment Allowance (TRA). I understand in some circumstances, my TAA Career Planner may waive the deadline.</p> <p>I understand that the Department of Workforce Development (DWD) will use this information to determine if I am eligible for the TAA and Dislocated Worker programs. The information I provided is correct and complete to the best of my knowledge. I understand I may be subject to penalties if I willfully misrepresented information to obtain benefits. I understand that DWD will use this information to issue a written determination regarding my eligibility for TAA benefits. I understand that if I disagree with the determination, I have the right to file an appeal (Instructions for filing the appeal will be found on the back of the determination). A Dislocated Worker career planner may also contact me to discuss my eligibility for services in the Dislocated Worker Program.</p> <p>I have received a copy of the TAA Benefit Rights & Obligations.</p>		
59. Participant Signature		60. Date Signed (MM/DD/YYYY)
61. Participant Full Name (Print Clearly)		62. Last four digits of Social Security Number

Disability Addendum - Application to the Trade Adjustment Assistance (TAA) and Dislocated Worker Programs

State of Wisconsin
Department of Workforce Development
Unemployment Insurance Division
Division of Employment and Training

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Application Addendum: Disability Information

63. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Wish to Disclose If "No" or "Do Not Wish to Disclose," skip 61 and proceed to 62 .	64. Type of disability: <input type="checkbox"/> Do Not Wish to Disclose <input type="checkbox"/> Hearing-related <input type="checkbox"/> Mental or Psychiatric Impairment <input type="checkbox"/> Physical / Mobility Impairment <input type="checkbox"/> Cognitive / Intellect <input type="checkbox"/> Learning Disability <input type="checkbox"/> Physical / Chronic Health Condition <input type="checkbox"/> Vision-related
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65. Participant Signature	66. Date Signed (MM/DD/YYYY)
67. Participant Full Name (Print Clearly)	68. Last four digits of Social Security Number