

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

**WEEKLY REQUEST FOR ASSISTANCE
DISASTER RELIEF ACT OF 1974**

CONFIDENTIAL RECORD Pursuant to IC-22-4-19-6, IC 4-1-6

Disaster No.

FDA#..... DR

Local Office No.

Applicant's Name (Last, First, Middle)

Social Security No.

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

WEEK CLAIMED

Beginning

Ending

A. APPLICANT REQUEST

For the week claimed above, answer the following questions by checking the appropriate box(es). If applicable, complete the information requested in the space to the right of the questions.

1. Did you perform any work for another or engage in any self-employment during this week? (If "YES," enter the dates in the week such work was performed, the number of hours worked per day and your gross earnings for the week (net earnings if self-employed). Yes No



If you were self-employed, check this box

2. a. Did you apply for or receive, or would you be eligible to receive if you had applied for:

- (1) Unemployment compensation under any State or Federal law? Yes No
- (2) Any amounts for loss of wages due to illness or disability? Yes No
- (3) Any type of private income protection insurance? Yes No
- (4) Any amount as a supplemental unemployment benefit (SUB)? Yes No

b. Were any amounts payable to you from any retirement, pension or annuity under a public or private plan or system (only if applicable under State UI law)? Yes No

Complete the information requested in the box to the right if your answer is "Yes" to any question in item 2.

TYPE OF EACH PAYMENT AMOUNT	PERIOD COVERED	
	From	To

3. Were you able and available for work during this week? Yes No



4. Did you accept all work offered during this week? Yes No

3. Have you contacted your last employer to determine if work was available during this week? Yes No

B. APPLICATION CERTIFICATION

I CERTIFY that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain **DISASTER UNEMPLOYMENT ASSISTANCE**. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the ACT. I HAVE BEEN FURNISHED a statement required under the **PRIVACY ACT OF 1974** for use in the **DISASTER UNEMPLOYMENT ASSISTANCE** program.

Signature of Applicant

Date (Month, Day, Year)

C. STATE AGENCY DETERMINATION

- Amount of DUA Payment Authorized for the Week: \$
- DUA Reduced or Denied for that Week Claimed above.
- DUA Termination Date

Reason for Determination

Signature of State Agency Representative

Date Authorized (Month, Day, Year)

D. APPEAL RIGHTS

If you disagree with the determination indicated above, you have the right to reconsideration and appeal. You may appeal this determination and request a hearing before an Administrative Law Judge by filing with this local office a written request on DWD Form 601, or in such other manner as prescribed by the Unemployment Insurance Board on or before _____.