**NEEDS-RELATED PAYMENT DETERMINATION**
**For**
**ADULT and DISLOCATED WORKERS in the NORTHWEST REGION**

Customer's Name_____ Date_____

Address_____ APPID #:_____

## ELIGIBILITY DETERMINATION

Eligibility Determination will be performed when the Customer begins training.

I. Has the customer exhausted Unemployment Insurance (UI) Benefits? Y N

Documentation of "Yes" includes (CHECK ONE):

__ 1. Is unemployed.
__ 2. Does not qualify for UI benefits.
__ 3. Qualifies for UI benefits.
__ 201 Claim Form obtained from Division of Workforce Development (DWD) showing $0 balance of UI benefits, **or**
__ Last check stub from UI check showing $0 balance of benefits, **and**
__ 4. Is or has been enrolled in a program of training services under WIA.

## NEEDS TEST

All income sources required for prior 180 days/6 months and supported by appropriate documentation.

1. Number in household _____
   a). Family status (non-dep., single parent, two-parent) _____
   b). Number of dependents (excluding self) _____
2. Household Wages (gross wages) _____
3. Income from retirement and pensions _____
4. Alimony/maintenance _____
5. Regular social security _____

TOTAL _____

Annualized Income (x 2) _____

6. Poverty income level _____
7. Lower Living Standard Income Level (LLSIL) _____
8. Eligible to receive "Needs Related Payments"? Y_____ N_____

---

## PAYMENT LEVEL

Payment Level is to be based upon the amount of Unemployment Insurance Benefits documented in "ELIGIBILITY DETERMINATION".

Payment of $_____ per week, effective_____, 20___, through_____, 20___.

*Payments are contingent upon the availability of funding.*

_____ _____

Staff Signature Date Customer Signature Date