

| <b>Dislocated Worker (WD)</b><br>one document per group required                                                                                                                                                                      |                                                                                                       | <b>Adult (WA)</b><br>one document per group required                                                                                                                                                                                                                      |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Employment Verification</b><br>Employer Name: _____<br>Address: _____<br>City: _____ St _____ Zip _____<br>Job Title: _____<br>Years/months Employed: _____ Hourly Wage _____<br>Lay-off Date: _____                               |                                                                                                       | <b>Employment Verification</b><br>Employer Name: _____<br><input type="checkbox"/> Not Applicable (unemployed)<br>Address: _____<br>City: _____ St _____ Zip _____<br>Job Title: _____<br>Employment Start Date: _____<br>Years/months Employed: _____ Hourly Wage: _____ |                                                                                                       |
| <input type="checkbox"/> SNAP Record/Printout <input type="checkbox"/> TCA<br><input type="checkbox"/> N/A                                                                                                                            |                                                                                                       | <input type="checkbox"/> SNAP Record/Printout <input type="checkbox"/> TCA<br><input type="checkbox"/> N/A                                                                                                                                                                |                                                                                                       |
| <input type="checkbox"/> Family/Household Income:<br>o pay stubs last 6 months _____<br><b>AND</b> Family Size _____<br><input type="checkbox"/> Not Applicable                                                                       |                                                                                                       | <input type="checkbox"/> Family/Household Income: by blood or marriage<br>o pay stubs last 6 months _____<br><b>AND</b> Family Size _____<br><input type="checkbox"/> Applicant Statement (unemployed & how they are supporting themselves; when last job was)            |                                                                                                       |
| <input type="checkbox"/> Layoff Letter from Employer<br><input type="checkbox"/> Applicant Statement (place of lay off and dislocation date included) or displaced homemaker statement<br><input type="checkbox"/> Media announcement |                                                                                                       | <input type="checkbox"/> Other income; SSDI, SSI, Pension                                                                                                                                                                                                                 |                                                                                                       |
| <input type="checkbox"/> UI records (Benefit History, Wage, Record)<br><input type="checkbox"/> U.I. notice of entitlement                                                                                                            |                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                       |
| <input type="checkbox"/> Ex-offender                                                                                                                                                                                                  | <input type="checkbox"/> O*Net                                                                        | <input type="checkbox"/> Ex-offender                                                                                                                                                                                                                                      | <input type="checkbox"/> O*Net                                                                        |
| <input type="checkbox"/> Grievance AND Complaint Procedure                                                                                                                                                                            | <input type="checkbox"/> Signed Application                                                           | <input type="checkbox"/> Grievance AND Complaint Procedure                                                                                                                                                                                                                | <input type="checkbox"/> Signed Application                                                           |
| <b>Birth Date</b><br><input type="checkbox"/> Birth Certificate/Passport not expired<br><input type="checkbox"/> Driver's License                                                                                                     |                                                                                                       | <b>Birth Date</b><br><input type="checkbox"/> Birth Certificate/Passport not expired<br><input type="checkbox"/> Driver's License                                                                                                                                         |                                                                                                       |
| <b>Social Security Card</b><br><input type="checkbox"/> social security card<br><input type="checkbox"/> W-2 with ssn#<br><input type="checkbox"/> DD-214 w/ name & ssn                                                               | <b>Driver's License</b><br><input type="checkbox"/> License                                           | <b>Social Security Card</b><br><input type="checkbox"/> social security card<br><input type="checkbox"/> W-2 with ssn#<br><input type="checkbox"/> DD-214 w/ name & ssn                                                                                                   | <b>Driver's License</b><br><input type="checkbox"/> License                                           |
| <b>U.S. Citizenship</b><br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> U.S. Passport<br><input type="checkbox"/> DD-214 w/place of birth<br><input type="checkbox"/> Certification of Naturalization       |                                                                                                       | <b>U.S. Citizenship</b><br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> U.S. Passport<br><input type="checkbox"/> DD-214 w/place of birth<br><input type="checkbox"/> Certification of Naturalization                                           |                                                                                                       |
| <input type="checkbox"/> <b>Verified Selective Service</b><br>SS #: _____ Date of Reg: _____                                                                                                                                          |                                                                                                       | <input type="checkbox"/> <b>Verified Selective Service</b><br>SS #: _____ Date of Reg: _____                                                                                                                                                                              |                                                                                                       |
| <b>Veteran Status</b><br><input type="checkbox"/> DD-214<br><input type="checkbox"/> Letter from Veterans Admin/VA record                                                                                                             | <b>Disability</b><br><input type="checkbox"/> Did not self-identity<br><input type="checkbox"/> _____ | <b>Veteran Status</b><br><input type="checkbox"/> DD-214<br><input type="checkbox"/> Letter from Veterans Admin/VA record                                                                                                                                                 | <b>Disability</b><br><input type="checkbox"/> Did not self-identity<br><input type="checkbox"/> _____ |

**What is SSDI Social Security Disability Insurance (SSDI)**

It allows workers who become disabled to receive their Social Security retirement benefits early.

To file for SSDI disability benefits, you must either be a blind or disabled worker, an adult who has been disabled since childhood, or otherwise eligible to apply according to SSA's rules.

**What is SSI Supplemental Security Income (SSI):**

Benefits are awarded on the basis of financial need to adults and children who are disabled, blind, or have limited income and resources.

**Eligibility Requirements for SSDI and SSI**

The SSI disability program has different eligibility requirements than Social Security Disability Insurance (SSDI). To be entitled to SSI benefits, you must be a U.S. citizen who meets the requirements set by the Social Security Administration (SSA).

To qualify for SSI benefits you need to present medical evidence that your disability will last for at least one year.

**What is the Difference between SSI and SSDI**

The main difference is that the evaluation of SSI is based on age / impairment and restricted income and assets, while the determination of SSDI is based on impairment and job credits. The financial policies are the main difference. Furthermore, a recipient of SSI should automatically apply for Medicaid in most cases. After 2 years of obtaining disability benefits, a person with SSDI will automatically qualify for Medicare.

**Disabled Adult Child (DAC)**

If a parent becomes deceased or starts collecting retirement or disability insurance, a person who is disabled before age 22 may be eligible for "child's" insurance. Social Security considers this to be child benefit as it is charged on the earnings record of a parent's social security.

- Applicants must meet the disability requirements deemed by the SSA and must be unmarried
- Since benefits are paid on the basis of the parent's earnings record, the adult child may never have worked
- A disabled adult child that is already receiving SSI benefits might need to search to see whether payments will be paid on a parent's income record. Circumstances may have changed after the original application (for example: death of a parent, retirement or disability status). Higher benefits could be payable, and Medicare eligibility could be possible
- SSDI DAC benefits should continue as long as the person stays disabled