

# Dislocated Worker Worksheet - Parent - 2019/2020

UCM use only
DSLP18

\_\_\_\_\_  
Student's Name (please print)

700 \_\_\_\_\_  
UCM ID Number

On your 2019/2020 Free Application for Federal Student Aid (FAFSA), **your parent** indicated that he or she is classified as a **Dislocated Worker**. This status can impact your eligibility for federal financial assistance and **must** be verified. Please have **your parent** respond to each of the following items, sign and date below, and return this document to the UCM Office of Student Financial Services.

- Yes  No  I/my spouse recently lost a full-time job on \_\_\_\_\_.
- Yes  No  I/my spouse have recently been laid off (or have received a lay-off notice) from a full-time job on \_\_\_\_\_.
- Yes  No  I am/my spouse is receiving unemployment benefits due to having lost a full-time job or having been laid off from a full-time job on \_\_\_\_\_.
- Yes  No  I/my spouse will not likely return to my/my spouse's previous position of employment.
- Yes  No  I/my spouse was self-employed but am currently unemployed due to economic circumstances (or a natural disaster).
- Yes  No  I/my spouse am a 'displaced homemaker' because I/my spouse was previously a stay-at-home mother/father, am no longer supported by my spouse, **and** am currently unemployed or underemployed, and am having trouble finding or upgrading employment
- Yes  No  I/my spouse have/has experienced a loss of employment because of my relocation due to an active duty permanent change of duty station.
- Yes  No  I/my spouse am/is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment because of my relocation due to an active duty permanent change of duty station.

For any item above which **you, the parent** answered Yes, provide a detailed explanation below regarding why you answered Yes. *(Continue on an additional page, if necessary.)*

Mark this box if **you (the parent)** actually should have answered **No** to the Dislocated Worker question on your student's 2019/2020 FAFSA.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date