

## Dislocated Worker Program Services

An Equal Opportunity Employer/Program

### What is the Dislocated Worker Program?

The Dislocated Worker Program is an employment program. The goal of the program is to help people obtain full-time, permanent employment in positions comparable to their customary work. Fees are not charged for services. A variety of agencies throughout Minnesota are contracted by the state to deliver services.

### Who is eligible?

In general the Dislocated Worker Program is offered to people who have a long term attachment to the labor force and are permanently separated from employment due to no fault of their own. Former self-employed people whose business closed due to economic conditions or natural disaster may also qualify.

Eligibility for the Dislocated Worker Program can be complicated. Don't try to guess whether you may be eligible. If you are permanently separated from employment, fill out the Eligibility Questionnaire and it will be reviewed.

### What is the process for obtaining these services?

The first step is to fill out an Eligibility Questionnaire and waiver. After the preliminary eligibility review and assessments, applicants who appear to qualify for the program are referred to the appropriate service provider. The next step will vary with the service providers. It may be a group meeting or a one-on-one meeting. They will orient you as to the services they provide, obtain final documentation of eligibility, and start developing the service plan.

### What services does the Dislocated Worker program provide?

Assessment and Planning Services: Each person who participates in the program works on a one-to-one basis with a counselor. An assessment is made of the individual's job goals, skills, abilities, qualifications, education and interests. Labor market trends are examined. Then a service plan is established which is based on the resources available.

Job Search Assistance: It has been found that a person who works closely with a counselor during their job search will return to work more quickly. The counselor can help develop an effective job search strategy, and can provide consistent support and follow-up during the job search.

Training: A training plan must be justified through labor market assessments and support employment goals. It may be provided to update skills in the individual's primary occupation. Basic education may be provided to improve reading, writing, math, and English skills, or to earn a GED. Re-training may be provided, if it can be shown that the participant's skills are obsolete and non-transferable. Training must be pre-approved by a Dislocated Worker Program Counselor in order to be reimbursed.

Support Services: The counselor provides information and referral to agencies that provide other support needed to achieve employment and training goals.

These services are only offered to Dislocated Workers. Auxiliary aids and services are available upon request for people with disabilities.



Dislocated Worker Program Eligibility Questionnaire

MN WorkForce Center - Hennepin South

4220 West Old Shakopee Road, Suite 100, Bloomington, MN 55437

TTY: 952/346-4043 Fax: 952/346-4042 An Equal Opportunity Employer/Program

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_Male \_\_Female

Have you filed an Unemployment Claim? Yes No If yes, Date filed: \_\_\_\_\_

Veteran? Yes No Are you the surviving spouse of a veteran who is eligible for VA benefits? Yes No

Is your goal to obtain full-time permanent employment? Yes No

List your work history for the last three years. Additional jobs may be listed on the back of this form or on a separate piece of paper.

Company Name: \_\_\_\_\_ Location city/state: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

\_\_\_ Permanent Layoff \_\_\_ Seasonal/Temp Layoff \_\_\_ Quit \_\_\_ Fired \_\_\_ Other \_\_\_\_\_

Company name: \_\_\_\_\_ Location city/state: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

\_\_\_ Permanent Layoff \_\_\_ Seasonal/Temp Layoff \_\_\_ Quit \_\_\_ Fired \_\_\_ Other \_\_\_\_\_

Company name: \_\_\_\_\_ Location city/state: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

\_\_\_ Permanent Layoff \_\_\_ Seasonal/Temp Layoff \_\_\_ Quit \_\_\_ Fired \_\_\_ Other \_\_\_\_\_

- Will you be called back to your last employer? Yes No
Did you work less than 20 hours per week on your last job? Yes No
Were you self-employed in your last job? Yes No
Did your last employer close or go out of business? Yes No
Did your last employer lay-off 50 or more people? Yes No
Was your last employer a temp agency or contract house? Yes No
Do you belong to a union that refers you to jobs through an exclusive hiring hall? Yes No
Are you retired or do you plan to retire within a year? Yes No

Signature

Date

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Attach a copy of your separation letter to this form.

### Preliminary Assessment and Service Needs Sheet

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Your primary occupation is the work you have done during the last three years. Which of the following factors will make it difficult or unlikely that you will return to your primary occupation?**

- No high school diploma or GED
- Lack of licensing.
- Inadequate technical training
- Training or skills obsolete due to technology.
- Skills unique or specialized to a particular work setting
- Age
- Disability
- Other \_\_\_\_\_

**To determine what services would benefit you most, please check all that apply:**

- One to one counseling to choose the best employment goals.
- Job search assistance - resume assistance, job seeking skills, job search strategy.
- Training to upgrade skills.

**List classes you would like to take:** \_\_\_\_\_

\_\_\_\_\_

**List information you have obtained regarding training:**

School: \_\_\_\_\_

Cost: \_\_\_\_\_ Length of program: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Waiver for Release of Information

The **Dislocated Worker Program** is a partnership of state, county, city and private agencies. The Dislocated Worker Program partners in the Hennepin/Carver Workforce Service Area are:  
**The Minnesota Department of Employment and Economic Development**  
**Hennepin County Employment Services**  
**Carver County Workforce Services**  
**HIRED**  
**Employment Action Center**

Information regarding your eligibility for the Dislocated Worker Program is private. Therefore, the Department of Employment and Economic Development (DEED) is asking for your permission to share information about your eligibility with our partners so they may provide counseling, job search assistance, training and other services to dislocated workers.

Information to be released will include:

- Certification of eligibility for the Dislocated Worker Program
- Eligibility for Unemployment Insurance benefits
- Compliance with the Military Selective Service Act under Section 3 of the Military Selective Service Act (United States Code, Title 50, Appendix section 453), if you are a man born in 1960 or after.
- Documents verifying eligibility provided by you, Department of Employment and Economic Development records, and Military Selective Service records.

**You do not have to sign this form. If you do not, DEED cannot share the information needed to verify that you are eligible for Dislocated Worker Program. Partner agencies will not enroll individuals unless eligibility is certified and verified.**

**I am authorizing the release of information so that DEED can verify my eligibility for the Dislocated Worker Program and coordinate services to me with the partners of the Hennepin/Carver Workforce Service Area.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**DEED Dislocated Worker Services**  
MN WorkForce Center Hennepin South ■ 4220 W Old Shakopee Rd, Ste 100 ■ Bloomington MN 55437  
Phone: 952-346-4000 ■ Fax: 952-346-4042 ■ TTY: 952-346-4043  
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