

Georgia Department of Labor WEEKLY REQUEST FOR ASSISTANCE ROBERT T. STAFFORD DISASTER RELIEF AND EMERGENCY ASSISTANCE ACT	FIELD SERVICE OFFICE NO. DISASTER NO.
APPLICANT'S NAME <i>(Last, First, Middle)</i>	SOCIAL SECURITY NUMBER
ADDRESS <i>(No., Street, City, State, ZIP Code)</i>	WEEK CLAIMED WEEK ENDING DATE

A. APPLICANT REQUEST

1. During this week, did you work or earn wages in employment or self employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, complete the following: Name of Employer: _____ Date(s) worked: _____ Number of hours worked: _____ Gross earnings paid: \$ _____ Reason for separation: Job ended <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Still working <input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, amount of payment: \$ _____
2. Any amounts for loss of wages due to illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, amount of payment: \$ _____ Type of payment: _____
3. Any type of private income protection?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, amount of payment: \$ _____ Type of payment: _____
4. Any amount as a supplemental unemployment benefit (SUB)?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, amount of payment: \$ _____ Type of payment: _____
b. Were any amounts payable to you from any retirement, pension or annuity under a public or private plan or system?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, amount of payment: \$ _____ Type of payment: _____
3. Were you able, available and actively seeking work during this week?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, explain: _____ _____
4. Did you accept all work offered during this week?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, explain: _____ _____
5. Have you contacted your last employer to determine if work was available during this week?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, explain: _____ _____

B. APPLICATION CERTIFICATION

<i>I CERTIFY that the information I have given on this form is correct. 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 which I am not entitled to receive under the Act.</i>	
SIGNATURE OF APPLICANT	DATE <i>(Month, Day, Year)</i>

C. STATE AGENCY DETERMINATION

<input type="checkbox"/> Amount of DUA Payment Authorized for the Week: \$ _____ <input type="checkbox"/> DUA Reduced or Denied for the week Claimed Above. <input type="checkbox"/> DUA Termination Date _____	REASON FOR DETERMINATION
SIGNATURE OF STATE AGENCY REPRESENTATIVE	DATE AUTHORIZED <i>(Month, Day, Year)</i>

D. APPEAL RIGHTS

Unless a written appeal is filed, this determination becomes final 60 days after it is given to you or is mailed* to you. You may personally file the appeal in your local office or mail it to that office. * The sixty days here are measured from the determination "release date", and not the date you received it in the mail.
