

CLAIMANT REA ELIGIBILITY REVIEW (66) STATEMENT

UI Claims-Taker Information
(to be filled out with claimant present)

Claim File Date: ____ / ____ / ____ **BYE:** ____ / ____ / ____

Employer Name: _____

Employment Dates: (Start) ____ / ____ / ____ (End) ____ / ____ / ____

***Claims-Taker: Fill in this portion of the Issue 66 form for the claimant.
Instruct the claimant to fill in the remaining information below and fax to the DUA REA Staff at 617-626-6222***

Claimant Information

Claimant Name: _____

SSN: ____ - ____ - ____ Career Center Member Number: _____

Current Address: _____

City: _____ State: ____ Zip Code _____ - ____

What is the best phone number for us to contact you? ____ - ____ - ____

Have you been receiving your checks and other DUA Correspondence at this address without problems? YES NO I have direct deposit

What date did you attend the Career Center Seminar (CCS) ? ____ / ____ / ____

At what Career Center did you attend the CCS? _____

Were you notified to attend a Re-Employment Eligibility Assessment (REA) Review? YES NO

If yes, how were you notified (check all that apply):

Letter CCS Phone Other: _____

Did you attend your REA Review Meeting? Yes (Fill out Part A only) No (Fill out Part B only)

PART A

Yes – I attended my REA Review Meeting

When did you attend your REA Review? ____ / ____ / ____

At what Career Center did you attend the REA Review? _____

PART B

No - I did not attend my mandatory REA Review Meeting

What date was your REA Review scheduled for? ____ / ____ / ____

What Career Center was your REA Review scheduled for? _____

Provide explanation for failure to attend your mandatory REA Review Meeting:

When you realized that you were unable to attend the REA Review did you call to reschedule?

Yes Who did you speak with? _____

No Why not? _____

Additional information _____

Instructions for Claimant

Please fax this form to:

To speak with an REA Specialist:

DUA REA

DUA REA Telephone:

617-626-6222

617-626-5766