*This form summarizes the Career Center decision that the MA Opioid National Health Emergency NHE) Dislocated Worker Grant (DWG) Enrollee has been determined eligible for the Project. Documentation for this summary must be included in the Enrollee’s files and in MOSES.*

*This form must be submitted to the Primary Operator*

|  |  |
| --- | --- |
| **Career Center**: | **Designated Primary Operator:** |
| **Disaster Recovery – Opioid NHE DWG Enrollee Name**:  **MOSES ID**: | |
| **Eligibility Criteria:**  **Participant meets the WIOA Title I Eligibility requirements (Must document and click “Documents Presented” on Eligibility Criteria Tab in MOSES)**   * **A citizen or national of the United States lawfully admitted permanent resident alien, refugee, asylee, parolee, or other immigrant authorized by the Attorney General to work in the United States.** * **In compliance with the Military Selective Service Act. (WIOA Sec. 189(h)). (This applies to males 18 or older who were born on or after January 1, 1960).**   **Disaster Recovery – MA Opioid NHE DWG Specific Eligibility (Choose one, Must Document)**  Long-Term Unemployed / not employed individual (27 weeks or more) during prior 24 months.  Self-employed individual who became unemployed or significantly underemployed as a result of the crises.  Letter for Residential Facility or employer indicating long term unemployed  Self-Attestation - *“I have lost my employment as a consequence of the Opioid disaster.”*  This attestation is to be held as CONFIDENTIAL  Pay Stubs | |
| **Career Center Specific Program Enrollment: Ensure program is checked in MOSES**  **Disaster Recovery – MA Opioid NHE DWG** | |
| **I attest that the above information is true and accurate and documented in the job seeker case file and in the MOSES system.** | |

**Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prepared By MassHire Career Center Director**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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