



## Training Opportunities Program (TOP) Application

### If you qualify for TOP, you can...

- Do full-time training from an approved training program,
- Collect unemployment benefits while you are in training without doing job searches, and
- Potentially get up to 26 weeks of additional benefits (Retraining Extended Duration (RED) benefits) if you use all your regular unemployment benefits before you finish your training.

### How to Apply to TOP

#### 1. Complete the attached application.

- You fill out Parts A and B.
- If your training is based on completing hours or apprenticeships, have a representative of the training program fill out Part C. This training program must provide at least 20 hours per week of supervised instruction, and you must complete it in 2 years (3 years if you need to do an apprenticeship or basic skills program)
- If your training is a credit-based program like a college or university, have a representative of the training program fill out Part D. This training must provide at least 20 hours per week of supervised, in-class instruction and be the equivalent of 12 semester credits for each period.

#### 2. Return your completed application to DUA no later than the 20<sup>th</sup> paid week of your claim.

You can:

- **Complete and submit** your application to your online account:  
<https://unemployment.mass.gov/claimants>, or
- **Mail a copy** of your completed application to:  
Department of Unemployment Assistance,  
Attn: Special Programs Dept.  
100 Cambridge St, Suite 400,  
Boston, MA 02114

#### 3. If your application is complete and sent by the deadline...

we will send you a notice to tell you if you qualify for TOP.

### Questions?

Special Programs/TOP Department  
Department of Unemployment Assistance  
Call us: 617-626-5521



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Commonwealth of Massachusetts

Executive Office of Labor & Workforce Development

<b>PART A</b>	<b>Your Information</b>		
The claimant fills out this part.			
Name:		Date of Birth:	
Phone:		Claimant Id:	
Email:			
Do you have a definite date to return to work?	<input type="checkbox"/> <b>No.</b> My Employer did <b>not</b> give me a definite return to work date.	<input type="checkbox"/> <b>Yes.</b> My Employer said I can return to work on <i>(date)</i> :	
How will the training you applied for help you find a new job?			
<b>TOP Rules</b>	<p>All TOP participants <b>must</b>:</p> <ul style="list-style-type: none"><li>• Meet all training (or class) requirements.</li><li>• Go to all training sessions (or classes). If you miss any, you must contact TOP to provide a valid reason for your absence. Call by 4 p.m. on Friday of the week you were absent. Call: 617-626-5521.</li><li>• Fill out weekly attendance reports.</li><li>• Contact TOP by phone if you have any changes, such as:<ul style="list-style-type: none"><li>– a schedule change,</li><li>– unscheduled breaks, or</li><li>– you cannot complete your training/classes.</li></ul></li><li>• Take the TOP survey when you complete your training (or class).</li></ul> <p><b>Warning!</b> If you do not follow all TOP rules, you may lose your benefits.</p>		
<b>If you agree...</b>	<p><b>Sign below if you agree with the following statements:</b></p> <ul style="list-style-type: none"><li>• I have read and agree to the training program/school requirements.</li><li>• I have read and understand the TOP Rules above. If I do not follow these rules, I can be dropped from the TOP program, and I may lose my unemployment benefits.</li><li>• I understand that TOP and RED benefits are limited. They will stop when the training ends or when I use up my benefits, whichever happens first.</li></ul>		
<b>Claimant signature</b>	<p>Print your name here:</p> <p>Sign here: <span style="float: right;">Date:</span></p>		



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**PART B: Federal Education Rights and Privacy Act (FERPA)** Consent to release student information (to be completed and signed by the Claimant):

**TO:** \_\_\_\_\_  
(Name of Training Provider/College/ University Official and Department that will be releasing the educational records)

Please provide information from my educational records to Department of Unemployment Assistance personnel.

The only type of information that is to be released under this consent is:

- Transcript
- Enrollment status
- Attendance records
- Official Academic Calendar
- Current and Anticipated class schedule
- Requirements of programs such as internships and externships, etc.
- Other school related information

The information is to be released for the following purpose: determining eligibility for TOP training benefits under G.L.c.151A, section 30(c).

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the keeper of the records at my training program or academic institution. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to Department of Unemployment Assistance personnel to whom the educational records will be released for the specific purpose described above.

**Name (print):** \_\_\_\_\_

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

**Student ID Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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<b>PART C</b>	<b>Training Program Information</b>
This part is for Vocational, Apprenticeship, or Educational Training Programs. For credit-based programs like colleges and universities: <b>Skip to Part D.</b>	
<b>TOP may approve your program if:</b> <ul style="list-style-type: none"><li>• Your program provides at least 20 hours per week of supervised in-class instruction and</li><li>• Training can be completed within 2 years.</li></ul> <i>Exception:</i> We allow 3 years if the trainee needs to do an apprenticeship or enrolls in a basic skills program like ESOL, GED/HISET, or ABE.	
A representative of the Training Program fills out below.	
Applicant's name:	
<b>School Information</b>	
1. Name of school providing training:	
2. School's Address:	
3. School's DUA Account Number (EAN):	
4. School's Federal Employer ID # (FEIN):	
5. Is your school licensed or certified by any state or federal agency?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, fill out below): Name of licensing agency: School's License #: School's license expires on (date):
<b>Training Program Information</b>	
1. Name of Training Program:	
2. Program ID (for PRO and MOSES programs):	
3. Program's annual placement rate into jobs in this training area	%
4. Training program dates	Start date: End date:
5. List any scheduled <b>breaks</b> or <b>weeks off</b> during this training program:	Break Start Date: Break End Date: Other Break Start Date: Other Break End Date:
6. Classes take place (check <b>all</b> that apply):	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Online <input type="checkbox"/> Online Only



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7. Student's training schedule is: <b>Note:</b> Do not include homework hours here.	_____ hours of instruction per week, and _____ days per week
8. You <b>must</b> attach a copy of the official training program curriculum to this application.	
9. The program ( <i>check one</i> ):	<input type="checkbox"/> has <input type="checkbox"/> has not received funds from the applicant, financial aid, MassHire or WIOA.
<b>Apprenticeships</b>	
1. Does this program require on-the-job training, externships or internships, practicum or similar practical training?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, fill out below): The practical training takes place at: Facility Name: Facility Address:  Supervisor Name and Phone #:  Start Date: End Date: Hours per Week: Total # of Weeks:
<b>Basic Skills Training</b>	
1. Will the trainee also do Basics Skill Training?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, check all courses the trainee will take): <input type="checkbox"/> ESOL <input type="checkbox"/> GED/HISET <input type="checkbox"/> Adult Basic Education (ABE) <input type="checkbox"/> Other ( <i>specify</i> ):
2. The basic skills training(s) checked above will last ( <i>how many</i> ):	_____ weeks
<b>TOP Requires Training Programs to:</b> <ul style="list-style-type: none"><li>• Certify if the applicant meets the entrance requirements and is able to complete the training.</li><li>• Notify us about the trainee's attendance and performance if we request that information.</li><li>• Report trainee absences by the deadline (4 p.m. on Friday for the week the trainee was absent).</li><li>• Provide other information about this Trainee if we request it.</li></ul>	
<b>Important!</b> We cannot process the student's application if any section of Part C is incomplete.	
Person completing this form	Name (Print):  Title:



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	Phone Number:
Signature:	Date:

<b>PART D</b>	<b>Credit-Based Programs</b>
This part is for universities, colleges, or other credit-based programs.	
<b>TOP may approve your program if it is full-time. DUA considers full-time:</b> <ul style="list-style-type: none"><li>• at least 20 hours per week of supervised in-class instruction, and</li><li>• 12 semester credits for each period, or the equivalent. If your College considers fewer hours/credits full time, please ask for a written explanation to include with your application.</li></ul> The Program must be completed within 2 years, unless you need to enroll in a basic skills program, like ESOL, GED/HISET, or ABE in addition to the selected program.	
A representative of the College fills out below.	
<b>College Information</b>	
1. Name of College:	
2. College Address:	
3. College's DUA Account Number (EAN):	
4. College's Federal Employer ID # (FEIN):	
5. Program ID (for PRO and MOSES programs):	
6. What is your annual placement rate into jobs related to the Applicant's area of study?	%
7. Is this an accredited program?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, name of accreditation agency:
<b>Applicant Information</b>	
8. Applicant's Name:	
9. Name of degree or certificate program the applicant has applied to (or is already enrolled in):	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other ( <i>specify</i> ):
10. Applicant's major or course of study:	
11. This applicant has applied to be a ( <i>check one</i> ):	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Student Credit



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12. Describe the applicant's schedule:	Classes start:  All classes will be completed on:  Number of credits required to complete the program:  Number of program credits this student has already completed:  Number of program credits this student still needs:  Classes take place ( <i>check all that apply</i> ): <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Online <input type="checkbox"/> Online Only			
13. Applicant's Required Course Schedule and Credits. (Fill out below)				
<b>Period</b>	<b>Starts on:</b>	<b>Ends on:</b>	<b>Semester or Quarter</b>	<b>Total Number of Credits</b>
Fall			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Winter			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Spring			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Summer 1			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Summer 2			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Fall			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Winter			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Spring			<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
14. Will the student be able to attend full time for all of this program?			<input type="checkbox"/> No <input type="checkbox"/> Yes If <i>No</i> , attach an explanation of the student's part-time status.	
<b>TOP Requires College Programs to:</b> <ul style="list-style-type: none"> <li>Certify that the applicant meets the entrance requirements and is able to complete the training.</li> <li>Notify us about the student's attendance and performance if we request that information.</li> <li>Report student absences by the deadline (4 p.m. on Friday for the week the trainee was absent).</li> <li>Provide other information about this student if we request it.</li> </ul>				
<b>Important!</b> We cannot process the student's application if any section of Part D is incomplete.				
Person completing this form			Name (Print):  Title:  Phone Number:	
Signature:			Date:	



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### Questions?

Special Programs/TOP Department

Department of Unemployment Assistance

Call us: 617-626-5521

*Related law(s):* MGL c. 151A, section 30(c)

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXI/Chapter151a/Section30>