



AVAILABILITY - FAMILY RESPONSIBILITIES

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____ Last 4 Digits of your Social Security #: _____

Date completing questionnaire: _____

Claimant statement

1. What is your family responsibility? Please be specific.

2. When did your family responsibility begin? _____

3. Is/was anyone else able to handle the family responsibility? YES NO

a. If no, why not? _____

4. Is your family responsibility still present? YES NO

a. If no, when did it end? _____

5. Are you available to work any shift? YES NO

a. If yes, what shift(s)? (Select all that apply) 1st shift 2nd shift 3rd shift

b. Are you able to work part-time or full-time? Part-time Full-time

6. What type(s) of work are you qualified to perform?

7. What type(s) of work are you seeking? _____

8. Have you applied for work since filing your claim? YES NO a. If yes, where have you applied?

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____