



AVAILABILITY - CHILDCARE

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. How many children do you have? _____
2. How old are your children? _____
3. Do you currently have child care available? YES NO
 - a. If no, why not? _____
 - b. If yes, as of what date is/was your child care available? _____
4. Did you previously have childcare? YES NO
 - a. If yes, what happened to that childcare? _____
5. Do you have anyone who can care for your children? YES NO
6. What attempts have you made to secure childcare? _____
7. 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
8. Are you able to work part-time or full-time? Part-time Full-time
9. What type(s) of work are you qualified to perform?

10. What type(s) of work are you seeking? _____
11. 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: _____