

SUPPLEMENTAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA) FOR MIGRANT/SEASONAL AGRICULTURAL WORKERS (DUA FORM 2)

Name: _____ Social Security Number _____

- | | YES | NO |
|---|-----------------------------------|-----|
| 1. Were you working in the disaster area at the time of the major disaster? | ___ | ___ |
| 2. Were you scheduled to work in the major disaster area at the time of the major disaster? | ___ | ___ |
| 3. Is your principal source of income and livelihood dependent upon your employment for wages? | ___ | ___ |
| 4. Are you unemployed or has your work been reduced as a direct result of the major disaster? | ___ | ___ |
| 5. Are you unable to reach your place of employment as a direct result of the disaster? | ___ | ___ |
| 6. Were you to begin employment but do not have a place or are unable to reach the place where you were to work as a direct result of the disaster? | ___ | ___ |
| 7. Are you unable to work due to an injury/illness caused as a direct result of the major disaster? | ___ | ___ |
| 8. If you were scheduled to be employed, enter the date you were to start work and the name and address of the employer for whom you were to work. Date: _____
Employer: _____

_____ | | |
| 9. What was your primary occupation at the time of the disaster? _____ | | |
| 10. Are you a crew leader or the spouse or child of a crew leader? Crew leader _____ Spouse _____
Child of crew leader _____ | | |
| 11. If you are a seasonal worker are you seeking other employment? Yes _____ No _____ | | |
| 12. If you are a migrant worker, has the next crop to which you will migrate been affected by the disaster? Yes _____ No _____. Please name this crop and the duration normally scheduled for this crop. Crop _____ Location _____
Dates: from _____ to _____. | | |
| 13. Did you apply for or receive, or would you have been eligible to receive if you had applied for, any of the following? Yes _____ No _____
(Check all that apply) | | |
| ___ Illness or disability insurance | ___ Retirement pension or annuity | |
| ___ Supplemental unemployment benefits | ___ Social Security benefits | |
| ___ Private income protection insurance | | |

DUA Form 2 (cont)

Name: _____ **SSN:** _____

Other(specify): _____

14. If you were injured or were ill as a direct result of the disaster, please provide the following:

Date you were or expect to be able and available for work _____

Date the illness or injury began _____

Description of the injury/illness, how it occurred, and explain if you are not able and available for work.

_____.

I certify that the information I have given on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance (DUA). I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled under the provisions of the Stafford Act.

Signature of applicant

Date