

**2021-2022 Dislocated Worker or Displaced Homemaker**

\_\_\_\_\_  
 Student's Name (Last) (First) M BearPass # Student's Date of Birth

You, your spouse, or your parent(s) have identified as a dislocated worker or displaced homemaker on your FAFSA. To confirm that status and award the correct financial aid, please complete and return this worksheet to The Office of Student Financial Aid.

In general, a person is a dislocated worker or displaced homemaker if they meet one of the following conditions:

- They have lost their job.
- They have been laid off or received a lay-off notice from their job.
- They are receiving unemployment benefits due to being laid off or losing a job and are unlikely to return to a previous occupation.
- They were self-employed but are unemployed due to economic conditions or natural disaster.
- Is the spouse of an active duty member of the Armed Forces and is unemployed or underemployed, and is experiencing difficulty in obtaining or upgrading employment; or
- They are a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g., a stay-at-home parent), is no longer supported by a spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment.

If a person quits work, they are not considered a dislocated worker even if, for example, the person is receiving unemployment benefits.

**A. Dislocated Worker or Displaced Homemaker**

\_\_\_\_\_  
 Printed Name of Dislocated Worker/Displaced Homemaker Relationship to student (if other than student)

STATUS	DOCUMENTATION REQUIRED
<input type="checkbox"/> Dislocated Worker	1. A letter of certification showing that your parent (if a dependent student) or you/your spouse (if an independent student) are classified as a Dislocated Worker. For help in determining your dislocated worker status, contact your local Missouri Career Center or the Workforce Investment Act—Title 1-B Dislocated Worker Program provided for your state. <i>OR</i> 2. A Copy of termination letter or layoff notice from former employer on company letterhead
<input type="checkbox"/> Displaced Homemaker	1. Verification of your dependence on the income of another family member (i.e.: tax documents). <i>AND</i> 2. Verification of change in living arrangements through court documents, divorce decree, separation agreement, attorney's statement, etc.
<input type="checkbox"/> I <b>am not</b> a Dislocated Worker or Displaced Homemaker	We will correct your FAFSA. No further action or documentation is required.

**B. Certification Statement & Signatures**

By signing below, I acknowledge that I have read and understand the information on this form, that I have appropriately attached all supporting documents, and certify that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request for financial assistance will be granted.

\_\_\_\_\_  
 Physical Ink-Signature of Dislocated Worker/Displaced Homemaker

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student's Physical Ink-Signature (No Digital Signatures)

\_\_\_\_\_  
 Date