

UNEMPLOYMENT INSURANCE BENEFITS REFERRAL FORM

CASE NAME:	CASE NO.:	DATE:
------------	-----------	-------

You Must Apply for Unemployment Insurance Benefits (UIB) before you are eligible for California Work Opportunity For Kids (CalWORKs).

The County of _____ has determined that you may be eligible to receive UIB. Because of that, you are required to contact the Employment Development Department (EDD) and apply for those benefits.

HOW TO FILE A UIB CLAIM

You may apply for UIB by one of the methods listed below:

- File on-line at www.edd.ca.gov, or you may print the application, complete the form, and mail to EDD for processing. You may use a personal computer or one located at the local One Stop Career Center or County Resource Center.
- File by telephone using one of the toll free numbers below:

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506	TTY (Non-Voice)	1-800-815-9387

When you file your claim, you will need the following information:

- Your name, address, telephone number, birth date, and Social Security number (SSN).
- Your last employer's name, address, telephone number, and last date that you were employed.
- The specific reason that you are no longer employed.
- Your citizenship status, and if applicable, your alien registration number and date of expiration.
- Your driver's license number or state issued identification number.
- Past records and dates employed, including the names, dates employed, and wages earned for all of your employers for the last 18 months, including employers in other states.

Once your claim is filed, you will receive your UIB award notice and other documents from EDD within 10 days. Send a copy of this form or EDD paperwork to your county office. Please contact your county worker at the phone number listed below if you cannot get UIB information from EDD or if you have any questions regarding this requirement.

ELIGIBILITY WORKER NAME	PHONE NUMBER	WORKER #
-------------------------	--------------	----------

PLEASE COMPLETE AND RETURN THIS SECTION TO YOUR COUNTY WORKER EITHER IN PERSON OR BY MAIL. YOU CAN ASK FOR A COPY FOR YOUR RECORDS.

<p>I applied for UIB on _____ (DATE) _____ by (check box below)</p> <p>Telephone _____</p> <p>On-line, my confirmation number is _____</p> <p>Mail _____</p>

PRINTED NAME	YOUR SIGNATURE	DATE
--------------	----------------	------