

Mail Date:

SSA No.:

EDD TELEPHONE NUMBERS:

ENGLISH	1-800-300-5616
SPANISH	1-800-326-8937
CANTONESE	1-800-547-3506
MANDARIN	1-866-303-0706
VIETNAMESE	1-800-547-2058
TTY (Non-Voice)	1-800-815-9387

REQUEST FOR ELIGIBILITY INFORMATION

In order to be eligible for UI benefits you must attend all interviews and/or workshops the Department schedules for you to assist you in returning to work. You were scheduled for a mandatory Reemployment Eligibility and Assessment (REA) appointment on _____. You did not attend your scheduled REA appointment. The reason you did not attend may affect your eligibility for benefits. Please provide answers to the appropriate questions below and mail with the enclosed Reemployment and Eligibility Assessment Questionnaire *to the EDD office address listed above*. **Failure to complete and return both forms within 10 days of the mailing date listed above will be cause for denial of benefits.**

Indicate why you did not attend the REA appointment by marking the box that pertains to the reason(s) you did not attend. If the reason you did not attend is not shown, please check the "Other" box and write a complete explanation on the reverse of the form. The information you supply will be used to determine whether you are eligible for benefits. We will not contact you for more information before issuing a decision; therefore, it is important to fully explain why you did not attend. Attach additional sheets if necessary. Always include your Social Security Number on any additional documents.

1. **Worked on the day of the REA appointment or attended a job interview on the day of the REA appointment.** The Department may contact the employer to verify the information provided. Be sure to provide the correct information requested below. If we are unable to verify the information, benefits will be denied.

Provide the following information:

- Employer Name: _____
- Address: _____
- Telephone Number: _____

If you attended a job interview, also provide the following information:

- Position interviewed for: _____
- Name of person who interviewed you: _____

2. **Other: In order to be eligible for UI benefits, you must be able and available for work and actively seeking work each week you claim benefits.** The reason you did not attend may be cause for denial of benefits. Please answer the questions on the reverse.

Use the reverse side of this form to provide your statement.

Explain below why you did not attend the REA appointment by answering the following questions.

1. Explain in detail the situation that prevented you from attending the REA appointment.

2. What date and time did the situation begin that caused you to miss the REA appointment?

What date and time did the situation end, or what date and time do you expect the situation to end?

3. Did you try to resolve this situation in order to attend the REA appointment? Yes No
If yes, what steps did you take?

4. Could you have gone to work on the day of the REA appointment if work was available?
Yes No

I understand the law provides penalties if I make false statements or withhold facts to obtain benefits. I declare under penalty of perjury that the information I am providing is true and correct.

PRINT YOUR NAME

SIGNATURE

DATE

REEMPLOYMENT AND ELIGIBILITY ASSESSMENT QUESTIONNAIRE

Name: _____ **Social Security Number:** _____

1. List your usual occupation(s)	Length of experience	Last rate of pay
_____	_____	_____
_____	_____	_____

2. Date you were last employed: _____

3. What type of work are you seeking? _____

4. Lowest Wage you will accept to start work: _____ Hourly: _____ Weekly: _____ Monthly: _____

5. What work shift(s) are you willing to accept? _____

6. What transportation will you use to and from work? _____

7. How much time are you willing to spend to travel to and from work? _____

8. In what areas/localities are you willing to accept work? _____

9. How many employers do you usually contact each week? _____

10. Are there any days during the week you will not or cannot work? Yes No

If yes, list the days and the reason(s) you cannot work. _____

11. Are you self-employed or plan to become self-employed? Yes No

12. Are you enrolled in or planning to enroll in school or training? Yes No

13a. If you are a union member, write the name and union number.

Name: _____ No.: _____

13b. Are you registered as out-of-work with your union? Yes No

13c. What does your union require you to do to be eligible for dispatch to work? _____

13d. Since your last job have you (if yes to any question, write date and explain):

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| 1. Missed any roll call? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Been dispatched to a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Refused a dispatch to a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date: _____ Explanation: _____

COMPLETE THE WORK SEARCH QUESTIONNAIRE ON THE REVERSE

WORK SEARCH QUESTIONNAIRE

Name: _____

Social Security Number _____

Complete the sections below listing the places you looked for work during the two weeks prior to this appointment date. Mail this completed form with the *REQUEST FOR ELIGIBILITY INFORMATION*, DE 4365REA attached. **Failure to look for work in any week may affect your eligibility to receive unemployment insurance benefits.**

WORK SEARCH RECORD						
Date Applied	Company Name	Company Address	Person Contacted	Type Of Contact, i.e., In Person, Telephone, Resume	Type Of Work Applied For	Results, i.e., Interview Scheduled, Job Offered, Etc.