

Mail Date: SSA No.:

EDD PHONE 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

he Dep Reemp Jour so Please and Elig	partment schedules for you to assist you in returning to work. You were scheduled for a mandatory bloyment Services and Eligibility Assessment (RESEA) appointment on You did not attend scheduled RESEA appointment. The reason you did not attend may affect your eligibility for benefits. provide answers to the appropriate questions below and mail with the enclosed Reemployment Services gibility Assessment (RESEA) Questionnaire to the EDD office address listed above. Failure to complete turn both forms within 10 days of the mailing date listed above will be cause for denial of benefits.
ndicate did not explana eligible mporta	e why you did not attend the RESEA appointment by marking the box that pertains to the reason(s) you attend. If the reason you did not attend is not shown, please check the "Other" box and write a complete ation on the reverse of the form. The information you supply will be used to determine whether you are for benefits. We will not contact you for more information before issuing a decision; therefore, it is ant to fully explain why you did not attend. Attach additional sheets if necessary. Always include your Security Number on any additional documents.
1. 🗌	Worked on the day of the RESEA appointment <u>or</u> attended a job interview on the day of the RESEA 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:
	Phone 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 RESEA appointment by answering the following questions.

1.	Explain in detail the situation that prevented you from attending the RESEA appointment.
2.	What date and time did the situation begin that caused you to miss the RESEA 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 RESEA appointment? Yes \(\subseteq \) No \(\subseteq \) If yes, what steps did you take?
4.	Could you have gone to work on the day of the RESEA appointment if work was available? Yes \Boxed{\Boxed} No \Boxed{\Boxed}
	understand the law provides penalties if I make false statements or withhold facts to obtain benefits. I declare under penalty of perjury that le information I am providing is true and correct.
-	PRINT YOUR NAME SIGNATURE DATE