

TAA APPLICATION

1. Last Name:		First Name:		Middle Initial:	
2. Home Address:			City, State:		Zip Code:
3. Phone No. (primary):			4. E-mail Address:		
5. Have you received TAA services previously? ☐ Yes; describe below ☐ No					
a):					
6. What state is, or would be your Unemployment Insurance benefit provider? : ☐ Kansas ☐ Other, identify ** TAA Appeal Rights and Benefit Approvals are issued through the Unemployment Insurance State					
7. Are you currently working or have you at any time been employed since your trade-affected layoff? ☐ Yes; describe below ☐ No					
a)					
8. Are you a United States Citizen?: ☐ Yes ☐ No; If no, provide resident status or work permit documentation. Information provided will be verified with KDOL SAVE system, by the case manager via e-mail.					
9. Trade Impacted Employer:		10. Employer Address (Required):			
11. Last Physical Day Worked or Estimated Layoff Date:					
12. Were you a Leased Worker: ☐ Yes; answer #13 ☐ No		13. Company Assigned to Work:			
14. Job Title at Layoff:		15. Name of Division:			
16. Job Description:					
17. Hourly Wage at Layoff:		18. Annual Wage at Layoff:		19. Total Months Employed:	
TAA Benefits					
• Training • HCTC (Health Coverage Tax Credit) • Out-of-Area Job Search Allowance • TRA (Trade Readjustment Allowances, income support while attending full time training)			• Relocation Allowances • RTAA (Reemployment Trade Adjustment Assistance, wage subsidy) • Case Management including IEP (Individual Employment Plan) development		
☐ I am aware of all TAA Benefits, detailed information can be found on KANSASCOMMERCE.GOV/TAA					
I understand it is my responsibility, should I choose to apply, to ensure I meet the TAA/TRA deadlines. Furthermore, I understand and agree to make 30-day contacts with my TAA Case Manager until I am no longer receiving services under the Trade Act of 1974, As Amended. My signature attests I agree and understand the TAA Program will utilize e-mail as the primary mode of correspondence. Appeal Rights: This determination becomes final sixteen (16) days after it is mailed. Unless appealed in writing on or before the final date. (If the 16th day falls on a Saturday, Sunday or a holiday, the next working date is the final date.) If you disagree with this determination, you may submit a letter stating you wish to file an appeal. Include in your letter, claimant name, your name, your address, telephone number, the six-digit employer serial number and the last 4 of the claimant's SSN. To submit an appeal by fax: (785) 291-6086. To submit an appeal by mail: Office of Appeals, 401 SW Topeka Blvd, Topeka, KS 66603-3182. If there are questions regarding the appeal process: (785) 296-1800. If you have questions concerning the unemployment insurance claim: (785) 575-1460. If you do not file a timely appeal, it may still be considered timely if you can establish that a timely response was impossible due to excusable neglect. (If you appeal, continue to file your weekly claims as long as you remain unemployed.) My handwritten or electronic signature below verifies: I hereby attest the above statements are true and correct, appeal rights have been reviewed. I understand and will abide by the above conditions.					
20. Adversely Affected Worker Signature:				Date:	

Office Use Only:

21. Last Four of Social:		22. KANSASWORKS Part. ID:		23. Petition No.:	
24. Impact Date:		25. Certification Date:		26. Expiration Date:	
27. TAA-LAS Signature:		Date:		Incumbent Worker: ☐ Agent Only: ☐	
28. This AAW is on the worker list:		☐ Yes ☐ No		TRA Enrolled in Training Deadline:	