DOUGLAS COUNTY DEPARTMENT OF GENERAL ASSITANCE
4102 WOOLWORTH AVENUE, OMAHA NE, 68105
Phone: (402) 444-6215 Fax: (402) 444-6332

# UNEMPLOYMENT COMPENSATION FORM

Date: _____

Name: _____ Worker: _____

SSN: _____ Phone: _____

Application Date: _____

Eligible for benefits: Yes _____ No_____

Disqualification period: _____

Total Benefits: _____

Benefits Used: _____

Benefit Balance: _____

Weekly Benefit: _____ Effective Date: _____

Date 1st check received _____

Date last check received _____

I authorize the release of information regarding my unemployment compensation to representatives of the Douglas County Department of General Assistance/Primary Health Care Network.

_____ _____
Signature Date

Print Form