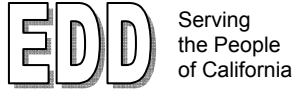


90-400 APPENDIX A. FORM DE 2707



Employment Development Department



REQUEST FOR VERIFICATION OF CALIFORNIA UNEMPLOYMENT INSURANCE (UI) ELIGIBILITY FOR IMMEDIATE NEED* WELFARE AGENCY CLIENTS

COMPLETED BY COUNTY WELFARE DEPARTMENT (CWD)

DATE: _____

[] INTERSTATE CLAIM

TO: EDD CALL CENTER _____
FAX # _____

FROM: CWD OFFICE & ADDRESS _____
CWD FAX # _____

CWD REQUESTOR _____ PHONE # _____

CLIENT NAME _____

CLIENT SOCIAL SECURITY NUMBER _____

INCOMPLETE REQUESTS WILL NOT BE PROCESSED BY EDD

**Immediate need case is denied as an individual in dire need of assistance as determined by a CWD eligibility worker; e.g., homeless.*

COMPLETED BY EMPLOYMENT DEVELOPMENT DEPARTMENT

DATE OF UI CLAIM _____ WEEKLY BENEFIT AMOUNT _____
ELIGIBLE DISQUALIFIED

NO UI CLAIM ON FILE

SUFFICIENT WAGE CREDITS TO ESTABLISH UI CLAIM YES NO

EDD OFFICE AND PHONE #: _____ EDD FAX: _____

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