

## Wisconsin Unemployment Insurance

Department of Workforce Development

### Re-Activate Pandemic Unemployment Assistance (PUA) Application

All information is subject to verification. PUA benefits are provided through federal funds. Criminal and/or civil penalties for violation of federal and/or state laws will be enforced for willfully making false statements or concealing information to obtain or increase your PUA benefits.

**Pandemic Number****Social Security Number \***

(999-99-9999)

**Confirm Social Security Number \***

(999-99-9999)

**First Name \*****Last Name \*****Date of Birth (DOB) \*****Address \*****City \*****State \*****ZIP code \*****Telephone number****Gender \***

Male

Female

**Ethnicity \***

African American

American Indian

Asian

Hispanic

White

Decline to Answer

**Are you a United States citizen? \***

Yes

No

**Date that you would like to reactivate your PUA claim \***

mm / dd / yyyy

**To qualify for PUA, you must be unemployed, partially unemployed, or unable or unavailable to work because of one or more of the COVID-19 reasons listed below. Please check all of the following categories that apply to you for the week you are claiming. \***

If you are a school year employee filing during a school break (summer break, Thanksgiving break, winter break, or spring break) and have a contract or reasonable assurance of returning to work after that break, you are unemployed because of the nature of that work, NOT due to volatility in the work schedule caused by COVID-19. Failure to report your reason correctly could lead to overpayments and disqualification of future PUA benefits.

- I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.**
- A member of my household has been diagnosed with COVID-19.**
- I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.**
- A child or other person in my household for which I am the primary caregiver is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.**
- I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.**
- I am unable to reach my place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.**
- I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.**
- I have become the breadwinner or major support for my household because the head of the household has died as a direct result of COVID-19.**
- I quit my job as a direct result of COVID-19.**
- My place of employment is closed as a direct result of the COVID-19 public health emergency**
- I am self-employed (including an independent contractor and gig worker) and experienced a significant reduction of my customary or usual services because of the COVID-19 public health emergency.**
- I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.**
- I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.**
- I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.**
- None of the above apply to me.**

**Additional explanation for cause of unemployment**

Maximum of 500 characters allowed

**Have you worked since the last week you claimed PUA benefits? \***

**Yes**

**No**

**Have you refused any work since the last week you claimed PUA Benefits? \***

**Yes**

**No**

**Were you scheduled to begin work for an employer; but, were unable to do so because of the COVID-19 pandemic? \***

**Yes**

**No**

By checking the box below, I certify the information I provided on this application is correct to the best of my knowledge and belief. I understand that making false statements or misrepresenting my reason for being unemployed (falsely indicating I've met a qualifying condition) to gain eligibility for Pandemic Unemployment Assistance (PUA) is fraud, and I am making this certification under penalty of perjury. I understand federal funds are provided, and I may be subject to penalties and criminal prosecution if I am found to have committed fraud.

**I Agree\***

**Signature of claimant and date (typed in)**

**Name \***

**Date**

08/10/2021