

RETURN COMPLETED FORM TO: Maine Department of Labor Bureau of Unemployment Compensation 97 State House Station Augusta, ME 04333-0097 <u>OR</u> P.O. Box 450 Bangor, ME 04402-0450 <u>OR</u> P.O. Box 1088 Presque Isle, ME 04769-1088	DECLARATION OF DEPENDENCY (See Instructions on Reverse Side) INCOMPLETE FORMS CANNOT BE PROCESSED!	OFFICE USE ONLY C.C. Code: _____ Date Received: _____ Date Verified: _____ Approved for _____ Dependents By: _____
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Claimant's Name	Your Social Security No.	Your Telephone Number Home: _____ Work: _____
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Spouse's Name (if not married, write "Single Parent")	Spouse's Social Security Number
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A. Spouse Working? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Full-Time? <input type="checkbox"/> YES <input type="checkbox"/> NO Part-Time? <input type="checkbox"/> YES <input type="checkbox"/> NO If Part-Time, enter weekly "gross" wages: \$ _____
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B. Spouse Filing for Unemployment Compensation? <input type="checkbox"/> YES <input type="checkbox"/> NO
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C. DEPENDENT CHILDREN: If more than 3 dependents, attach a separate sheet. All information must be provided for each additional child. Dependency payments cannot be made for children whose information is incomplete. Additional forms can be downloaded at <http://www.maine.gov/labor/unemployment/claims.shtml> then scroll down to Form B-70-1.

Child #1	Dependent Child's First and Last Name	Social Security No.	Date of Birth	Relationship
	Receiving Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Weekly Amount \$ _____	Live With You? <input type="checkbox"/> YES <input type="checkbox"/> NO Mainly Supported by You? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Child #2	Dependent Child's First and Last Name	Social Security No.	Date of Birth	Relationship
	Receiving Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Weekly Amount \$ _____	Live With You? <input type="checkbox"/> YES <input type="checkbox"/> NO Mainly Supported by You? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Child #3	Dependent Child's First and Last Name	Social Security No.	Date of Birth	Relationship
	Receiving Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Weekly Amount \$ _____	Live With You? <input type="checkbox"/> YES <input type="checkbox"/> NO Mainly Supported by You? <input type="checkbox"/> YES <input type="checkbox"/> NO		

D. If 18 or over , are they: Full-Time Student? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicapped? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to either question, provide child's name and explain:

E. If any of the above dependents **do not live with you**, please read the instruction on the reverse and provide the requested information when you return this form.

F. Are you currently paying Child Support (not including back support)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide the following:		
Child _____ How Much \$ _____ How Often? _____	Child _____ How Much \$ _____ How Often? _____	Child _____ How Much \$ _____ How Often? _____

G. Are you receiving public assistance (including TANF) or is public assistance being paid to someone else for any of the dependents listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide the following:		
Child _____ Type of Payment _____ Amount \$ _____ How Often? _____ To Whom Paid? _____	Child _____ Type of Payment _____ Amount \$ _____ How Often? _____ To Whom Paid? _____	Child _____ Type of Payment _____ Amount \$ _____ How Often? _____ To Whom Paid? _____

CERTIFICATION: I certify that the above statements are true and correct. I also certify that I am the whole or main support of the children for whom I answered "YES" to the question "Mainly Supported by You?" I understand that the Law provides penalties of fine and imprisonment for false statements made to secure benefits.

Claimant's Signature	Date
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If you want to file a claim for supplemental weekly benefits for dependents, then:

- 1) Carefully read these instructions;
- 2) Complete all items on the front of this form; and
- 3) Mail this form to the address in the upper left-hand corner on the front.

Dependency allowances will be payable starting with the week in which this "Declaration of Dependency" is received and approved.

INSTRUCTIONS REGARDING SUPPLEMENTAL WEEKLY BENEFITS FOR DEPENDENTS

Supplemental Weekly Benefits for Dependents are additional unemployment benefits which are paid to eligible individuals who are the whole or main support of a qualifying dependent child. They are paid in the amount of \$10 for each dependent child for any week in which a totally or partially unemployed individual qualifies for unemployment compensation. (The maximum amount that can be paid for dependency allowances is one-half of your weekly benefit amount.)

DEPENDENTS WHO DO NOT LIVE WITH YOU. (Item E on the front of this form)

If any of the dependents you listed on the front of this form (or on an attached sheet if more than 3 dependents) do not live with you, include:

- 1) If a student, verification of enrollment or a copy of tuition bill;
- 2) Copy of court order / decree which requires you to support such dependent;
- 3) If handicapped, furnish proof of handicap or proof of residency in a home, school, or other institution providing care for such dependent for which you are providing the main support.

1. **Who qualifies as a "dependent child"?** A "dependent child" shall include your unmarried child who is:
 1. Your natural, adopted, or stepchild, and under 18 years of age, or
 2. Under petition for adoption, and under 18 years of age, and currently being supported by you as a result of a decree or order from the court.
 3. Under the age of 23 if a full-time student (as defined by 39-A M.R.S.A.), or
 4. Disregarding age, prolonged or permanently physically or mentally incapacitated.
2. **Children For Whom You Have Assumed Care:** Supplemental weekly benefits will not be paid for children for whom you have assumed the care and responsibility for raising, such as a nephew or grandchild, unless the child has been adopted or is currently under petition for adoption, and, as a result, is currently being supported by you.
3. **You Must Be The Whole or Main Support:** To qualify to receive supplemental weekly benefits for dependents, you must be the "whole or main support" of the qualifying child. This means that you must be providing **more than** one-half of the cost of support for that child.
4. **Spouse's Employment:** You will not be eligible for dependency allowances if your spouse is employed full time and contributes to the support of a child. Also, your spouse's income from part-time employment will be taken into consideration in determining which parent is the "main support" for a child. (Your "spouse" is someone to whom you are currently married. This person is not necessarily the natural parent of your child(ren)).
5. **Assistance:** "Assistance" has been interpreted to mean "public assistance"; that is, assistance which is derived from taxpayers. This may include state, county, city or town assistance which is allocated for the support of a dependent such as Temporary Assistance for Needy Families (TANF).
6. **Child Support:** The receipt of, or the payment of, child support will be taken into consideration when determining if you are the whole or main support of a child. Payment of back support is not counted in determining which parent is the "whole or main support" of a child.
7. **Both Parents Filing For Unemployment Benefits:** If both parents of a dependent child are claiming unemployment benefits, only one may claim a dependency allowance for the same child. Dependency allowances may be transferred to the other parent during your benefit year if there is a change in the support for that child.