



# Dependency Form

If you believe that you have an eligible dependent that is not currently on your unemployment claim you may fill out and submit the following form to the Department of Labor.

**Please only submit the form if it meets all the requirements listed below:**

There are two forms of dependency allowances for unemployment purposes.

## **SPOUSAL DEPENDENCY**

To be eligible for a dependency allowance for your spouse he/she must be unemployed at the time you opened your claim and living in the same household at the start of your benefit year. The spouse must also fall into one of the following categories:

1. The spouse has been unemployed for at least the past three months.
2. The spouse is pregnant
3. The spouse has a mental or physical disability that is expected to last for a long or indefinite time. The spouse cannot be claimed as a dependent if he/she is also collecting unemployment benefits.

## **CHILD DEPENDENCY**

To be eligible for a dependency allowance for a child you must be the provider of his/her whole or main monetary support. ("Child" means a birth child, adopted child, step-child, foster child or any child for who you have **legally** assumed parental obligation.) Each child must also fall into one of the following categories:

1. The child is under the age of 18.
2. The child is under the age of 21 and is a full time student.
3. The child has a mental or physical disability.

If you are attempting to add a child or children ages 18, 19, or 20, you must include any schooling information. If you fail to provide that information we will not be able to add the dependent.

After you fill out the following form you can submit it by mailing it to:

UI Special Programs  
200 Folly Brook Blvd  
Wethersfield CT 06109

Or by faxing it to: 860-263-6666

### *Important Note:*

It is important to understand that the amount of your dependency allowance cannot exceed your benefit rate. For example if your benefit rate is \$30.00 per week then your dependency allowance cannot exceed \$30.00.

**STATE OF CONNECTICUT – DEPARTMENT OF LABOR  
DEPENDENCY CLAIM**

<b>Name</b> (First)	(Middle Initial)	(Last)	<b>Social Security Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>New Claim Date</b> (MM/DD/YY)	<b>This Dependency Request is effective:</b> New Claim Date: <input type="checkbox"/> Later Date: <input type="checkbox"/>		<b>Effective Date of Added Dependent(s)</b>
<input type="text"/>	<input type="text"/>		<input type="text"/>

**SECTION 1 SPOUSE DEPENDENCY ALLOWANCE CLAIM – You must complete all the information**

<p>Upon the effective date of the spouse dependency claim, you certify that the spouse lives with you, is totally unemployed as of the effective date of the dependency claim date, and: <b>(CHECK ONE)</b></p> <p>1. <input type="checkbox"/> Has not worked in the last 3 months          2. <input type="checkbox"/> Has a mental or physical disability that is expected to continue for a long or indefinite period          3. <input type="checkbox"/> Is pregnant</p>	<p><b>Enter spouse's name</b> (First) (Middle Init.) (Last)</p> <p><input type="text"/></p> <p><b>Spouse's SSN</b> <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p><b>Is spouse filing for Unemployment Comp?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Date of Marriage (If after New Claim Date)</b> <input type="text"/></p>
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**SECTION 2 CHILD DEPENDENCY ALLOWANCE CLAIM- You must complete all the information**

Upon the effective date of the child dependency claim, you certify that you are the whole or main support of the dependent children, stepchildren, or children for whom you have legally assumed parental responsibility who:

- are under 18 years of age, or
- are under 21 and a full-time student(s)
- have a mental or physical disability

Enter first and last name of each dependent child	Relationship	Date of Birth Mo. Day Yr	Lives with Claimant?				IF 18 OR OVER	
			Yes	No	Disabled		Name of School Attending	
			Yes	No	Yes	No		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

1. Your weekly income: \$\_\_\_\_\_ Weekly income of spouse (or other parent), if residing with you: \$\_\_\_\_\_

2. Do you receive contributions from any other source for child support? Yes  No   
 If yes, what is the amount of the contribution from other sources? \$\_\_\_\_\_ per \_\_\_\_\_(week, month, etc)

3. If the child does not live with you, how much does the claimant contribute to support? \$\_\_\_\_\_ Per \_\_\_\_\_  
 What is the amount of contribution from other sources? \$\_\_\_\_\_ per \_\_\_\_\_(week, month, etc)

**FOR LABOR DEPARTMENT USE**

<b>Determination</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Combined No. of Dependents</b>	<b>Claimtaker's Signature</b>	<b>Date Processed</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Remarks:**

<b>Effective Date</b>	<b>Total No. of Deps.</b>	<b>Spouse Dep.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed by (signature)</b>	<b>Date completed</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>