



GUAM DEPARTMENT OF LABOR
Disaster Unemployment Assistance Program

DUA INITIAL CLAIM- CLAIM FILING GUIDE

This guide is provided to **assist claimants in gathering** information they will need to file a DUA claim for disaster unemployment directly caused by Typhoon Mawar. By using this guide, you will have prepared for questions that will be asked when completing your actual claim in the Hireguam system.

This form is not the DUA application and should not be turned in to Guam DOL.

	QUESTION	ANSWER
1	Are you attempting to file an Unemployment Insurance claim at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Enter your full social security number	
3	Did you work between 4/1/2022 and 3/31/2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Create a User Name- must be 3 - 20 characters, and must include characters, letters or numbers. Allowable characters are + @ . _	
5	Create a password- must be 8 - 18 characters, and must include at least one uppercase letter, one lowercase letter, one number and one special character. Allowable characters are # @ \$ % ^ . ! * _ +	
6	Complete Security Question and answer from drop down menus	
7	Enter your zip code	
8	Are you authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Enter your email address (if you don't have one you must create one)	
10	Enter your date of birth	
11	Enter your gender	
12	Enter your First, Middle and Last Name	
13	Are you homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Residential address (where you live)	
15	Mailing address	
16	Primary contact number	
17	Citizenship (US, Permanent Resident, Alien, Citizen of the Freely Associated States)	
18	Do you wish to disclose a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> I do not wish to answer.
19	Do you make or owe child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Your highest education level achieved:	
21	Are you attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Current Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Working <input type="checkbox"/> Never Worked	
23	Are you currently looking for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Do you have any related licenses or certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Have you recently relocated due to a recent major disaster (e.g. hurricane, typhoon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Have you worked as a farmworker in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	If offered a job today, could you accept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Are you self-employed, or owner of a business, farm or fishing operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Are you an elected official?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Are you unemployed as a direct result of a major disaster? (If you were working at reduced hours or were laid off for the week after the storm up to the present, select YES.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	In what state were you affected?	<i>GUAM</i>
33	What was the major disaster?	<i>Typhoon Mawar</i>
34	Please indicate the affected county.	<i>GUAM</i>
35	Do you live in the affected county?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Do you work in the affected county?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Do you travel through the affected county?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	Is your employer not operating as a result of the major disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	Has the major disaster affected your ability to operate your self-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Do you have a week of Unemployment following the date of the major disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Are you unable to reach your place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42	Were you to have started work and now do not have a job or are unable to reach the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43	Have you become the breadwinner or major support for a household because the head of the household died as a result of the major disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44	Can you not work because of an injury or illness that was a direct result of the major disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45	Are you a self-employed fisherman, including a deckhand or trapper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Are you employed as an agricultural, seasonal or temporary worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47	What is your desired job?	
48	Are you of Hispanic or Latino heritage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

49	Race – Please check all that apply:		
50	Are you the spouse of a member of the armed forces who is on active duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51	Are you a spouse or family caregiver to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52	Are you the spouse of someone In the active duty military service, National Guard or Reserves who is currently activated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53	Are you the spouse of a veteran who has a permanent, total service-connected disability or had the disability at the time of death, or died while the disability was in existence or A spouse of a service member on active duty who died or has been Missing in Action (MIA), captured in the line of duty or forcibly detained for a total of more than 90 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54	Are you currently in the U.S. Military or a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55	Benefit payment.	<i>Paper Check</i>	
56	Do you want Guam Territorial Income Tax withheld? (if yes, it would be 10.00% of the weekly benefit amount):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57	To proceed with your Unemployment Compensation claim, you must provide 24 months of previous employment histories. Please note that you have not completed the filing of your Unemployment Compensation claim until you have completed this step.		
58	Are there any other employment history items that you would like to add? <i>If you answered Yes to the question “Did you work between 4/1/2022 and 3/31/2023?”, you will have to enter at least 1 Employment History while filing this claim.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59	Employer Name: Address: Contact Number:		
60	Is this your last employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61	Is this employer considered a temporary agency? <i>A temporary agency specializes in finding positions for individuals looking for work on a temporary basis.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62	Enter the Employer’s name (not your name) as shown on your check stub: If Maritime, enter the vessel name:		
63	Type of employment:		
64	Full-time or part-time?		
65	The number of hours a week you normally work? (excluding overtime)		
66	Gross salary:		
67	Salary based upon:	Weekly	Biweekly
68	Salary is commission based:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69	Date you began work:		
70	Are you currently employed with this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71	Employer’s reason for separation:		
72	Last day worked:		
73	Duration of job:		
74	Does the employer intend to recall you within 6 weeks? If unknown select No.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75	Were you separated from this job because you had family responsibilities that you had to attend to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76	Was this employment with an educational institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77	Are you a corporate officer or a relative of a corporate officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78	Were you separated from this job because of a lack of transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79	Job Duties: <i>Use this section to describe your job duties in detail.</i>		
80	Pension/Retirement benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
81	401K/403B/Personal IRA/KEOGH	<input type="checkbox"/> Yes	<input type="checkbox"/> No
82	Gross amount:		
83	Military service-connected disability compensation (Answer No if paid by VA):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84	Received Workers’ Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
85	Employment History		
86	What is your current unemployment status? <input type="checkbox"/> Unemployed Self Employed Individual <input type="checkbox"/> Unemployed Became Major Support Due to the death of Head of Household <input type="checkbox"/> Unemployed Worker (Not self employed) <input type="checkbox"/> Unemployed Unable to Commence Prospective Employment		
87	Immediately preceding the disaster were you working full-time or part-time?		
88	On average, how many hours do you currently work?		
89	On average, how many hours would you be working if not for the disaster?		
90	Briefly explain how the disaster caused your unemployment or partial unemployment.		
91	Was your principle source of income affected by the disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DISCLAIMER: Completing this guide does not guarantee approval of your DUA claim. Each application for DUA will be reviewed on a case-by-case basis. This guide will not be accepted as part of your DUA claims process.