



### Quit-to-care Questionnaire

**IMPORTANTE  
TENGA ESTO TRADUCIDO INMEDIATAMENTE**

Case No:

Name:

SS# :

In your application for unemployment benefits, you indicated that you left your job to care for an ill relative. The following information is needed to determine your eligibility for benefits.

- Please complete this form and return it by mail or fax to the office indicated on the coversheet. Your form must be received within ten (10) days or a decision will be made based on available information.

1. What are the name, address and social security number of the ill relative? \_\_\_\_\_  
\_\_\_\_\_

2. What is your relationship to this person? (spouse, parent, child, etc.) \_\_\_\_\_

3. If the individual is a grandparent or older sibling who raised you as a parent, complete the following:  
During what period of time did this person care for you? (provide dates.) \_\_\_\_\_  
Why did this person care for you instead of your mother and/or father? \_\_\_\_\_  
\_\_\_\_\_

Was this person ever appointed your legal guardian?  Yes  No

4. If the ill relative is a parent, do you reside with him/her?  Yes  No  
If no, do you plan to reside with the ill parent?  Yes  No If yes, when?  
\_\_\_\_\_

5. What is the nature of the relative's illness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does this person require continuing daily care? (Daily care might include such activities as assisting with medications and personal hygiene, preparing meals, and providing transportation to doctor appointments and/or therapy.)  Yes  No  
If the person requires daily care, are you providing this daily care yourself?  Yes  No  
Specify the type of care you provide. \_\_\_\_\_  
\_\_\_\_\_

7. If relocation was required as part of the ill relative's medical treatment, please explain why the ill relative is unable to care for himself/herself on a daily basis. \_\_\_\_\_  
\_\_\_\_\_

Case #:

8. Connecticut Unemployment Compensation law requires that in order to be eligible for benefits, an individual must be able to work, available for work and actively seeking work.

Are you available for full time work during the day?  Yes  No

What hours are you available and what type of work are you seeking?

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9. If you are available for full time work, explain how you are able to accept full time work while providing continuing daily care. (If you have assistance in providing care, please provide details.)

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**You must have your relative's doctor complete the enclosed certification. The doctor's certification is required before an approval of your separation can be considered. If your relative recently relocated due to his/her illness, the doctor recommending relocation must complete the certificate. Please return the certification with your response to this questionnaire as directed on the front of this document. If no response is received, we must act on the available information.**

**CERTIFICATION**

Print your name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I certify that the information I have provided above is true and correct, knowing the law provides penalties for false statements or the withholding of facts. I understand that a copy of the document may be given to any interested party upon request. If my claim for unemployment compensation benefits is approved, I understand that the decision could be reversed by a higher authority, and I agree to repay any amounts for which it is determined I am not eligible.