



Office No.: EO 082  
 Disaster No.: 4562  
 Disaster Declaration Date: 09/15/2020  
 Disaster Period Start Date: 09/13/2020  
 Disaster Period End Date: 03/20/2021

**INITIAL RETURN TO SELF-EMPLOYMENT PLAN  
 DISASTER UNEMPLOYMENT ASSISTANCE (DUA)  
 DISASTER RELIEF ACT OF 1974**

Initial Return to Self-Employment Plan

**The following questions are intended to record your initial plan to return to your normal self-employment activities.**

1. Describe the business activity that you were involved in before the disaster. For example, "I operated a 50- cow dairy farm and sold milk to XYZ Dairy. The barn and milking equipment were destroyed by the wildfires" Or, "I operate ABC Home Improvements. The home I was remodeling was destroyed by the wildfires."

Explanation:

---

---

---

---

---

---

---

---

---

---

2. What steps have you taken since the disaster was declared to return to a pre-disaster status in your business?

Explain:

---

---

---

---

---

---

---

---

---

---

3. What additional steps must be taken before you will be able to return to a level of pre-disaster business activity?

Explain:

---

---

---

---

---

---

---

---

4. Are you interested in obtaining employment through the WorkSource Oregon? \_\_\_Yes \_\_\_No
  
5. Based on the information you provided above, when do you think you will be able to work a pre-disaster number of hours in your business? \_\_\_\_\_ (expected date)
  
6. When do you think you will stop filing for DUA benefits? \_\_\_\_\_.

I, \_\_\_\_\_\*, Social Security Number \_\_\_\_\_, declare that the statements I have made in connection with my claim for DUA benefits are true and correct to the best of my knowledge and belief. I further understand that the Oregon Revised Statutes, the Oregon Administrative Rules, the 20 Code of Federal Regulations Part 625, and the DUA Regulations provide penalties for knowingly making false statements to obtain Unemployment Insurance and/or DUA benefits.

\*In accordance with the Employment Department's Gender Identity and Expression Procedure, you may provide a chosen or preferred name if different from the name on file with the Social Security Administration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name (name on file with the Social Security Administration) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**(If you need additional space for any explanations, please use the back of this form.)**