



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

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8 Orchid Pl Apt 2D  
Nantucket, MA 02554-2070

December 28, 2022

**SEND APPLICATION TO RETURN ADDRESS BELOW FOR PROCESSING:**

**RETURN ADDRESS:**

MA DUA/ Scanning Dept.  
19 Staniford Street  
Boston, MA, 02114  
Claimant ID: 1543770

**TRAINING OPPORTUNITIES PROGRAM (TOP) Application**

**Important:** Return this application **as soon as possible**. To be considered for up to an additional 26 weeks of benefits while **in approved training**, in most cases, you must return your completed application before the end of the **20th compensable week of Unemployment Benefits**. **PLEASE READ THE INSTRUCTIONS ATTACHED TO THE APPLICATION FOR ADDITIONAL INFORMATION REGARDING DEADLINES AND REQUIREMENTS.**

**HOW TO COMPLETE THE FORM:**

- The **STUDENT** should complete and sign **PART A** and **PART B**;
- If student will be attending an **HOURLY BASED vocational, certificate, apprenticeship or training program**, the training provider should complete **PART C**; or
- If the student will be attending a **CREDIT BASED community college, college or university**, the college official must complete and sign **PART D**.

**PART A: Student Information: PROVIDE THE FOLLOWING INFORMATION:**

Student Name: ANDREA BREZANOVA

Student SSN (last 4 numbers only): 9586

Student Phone Number: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

1. Do you have a definite date to **return** to work?

Yes \_\_\_\_\_ No \_\_\_\_\_ if Yes, date you will return to work: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Describe in detail why you believe you need the training you have applied for to enable you to obtain new employment.

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**TOP Program Rules: Unemployment Insurance benefit claimants receiving training benefits through a TOP (Section 30) program must follow these rules:**

- Go to all scheduled classes, unless you have an acceptable reason for not attending.
- Meet all school/training progress and performance requirements.
- If you miss any class(es), call the TOP program before 4 p.m. Friday of the week you were absent. The phone number is **617-626-5521**.
- Notify the TOP program by phone or letter if for any reason you cannot complete your classes/training.
- Notify the TOP program by phone or letter if for any reason your schedule has changed
- Call the TOP program if there are any unscheduled breaks in your classes/training
- Take the TOP program survey when you complete your classes/training.
- Answer weekly certification questions accurately to reflect whether you attended all your classes the certified week. Failure to do so may result in denial of benefits.

The MassHire Career Centers and the placement services at your school or training provider will have resources to help you with resume writing and/or job searches. To find a MassHire Career Center near you, visit [www.mass.gov/MassHire-Career-Centers](http://www.mass.gov/MassHire-Career-Centers).

**Read and sign below:**

I have read the TOP Program Rules above and I understand what I must do to continue receiving benefits while in the TOP program.

I have also read the school/training program requirements.

I understand that if I do not follow the program rules, I may no longer qualify for TOP, and may lose my Unemployment Benefits.

I understand that TOP and Re-Employment Extended Duration (RED) benefits may only be paid until the approved program ends or my UI/RED Benefit Credit exhausts, whichever comes first.

**Student's Signature:** \_\_\_\_\_

**Print Name Here:** \_\_\_\_\_

**PART B: Federal Education Rights and Privacy Act (FERPA) CONSENT TO RELEASE STUDENT INFORMATION (TO BE COMPLETED AND SIGNED BY ALL STUDENTS):**

**TO:** \_\_\_\_\_

**(Name of Training Provider/College/ University Official and Department that will be releasing the educational records)**

Please provide information from the educational records of **ANDREA BREZANOVA**  
to: Department of Unemployment Assistance personnel.

The only type of information that is to be released under this consent is:

- Transcript
- Enrollment status
- Attendance records
- Official Academic Calendar
- Current and Anticipated class schedule
- Requirements of programs such as internships and externships, etc
- Other school related information

The information is to be released for the following purpose: determining eligibility for TOP training benefits under G.L.c.151A, section 30(c).

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to ANDREA BREZANOVA. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to Department of Unemployment Assistance personnel to whom the educational records will be released] for the specific purpose described above.

**Name(print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Student ID Number** \_\_\_\_\_ **Date** \_\_\_\_\_

**PART C: To be completed by the HOURLY BASED Vocational/Technical/Apprenticeship Training, or Educational Provider**

**If student is attending a CREDIT BASED community college, college, university, please skip to PART D.**

Most TOP programs must be completed within 2 years. Claimants enrolled in basic skills courses, such as ESOL, High School Equivalency, or ABE, either alone or in combination with other training may have 3 years to complete the training. Apprentice Training programs may also exceed 2 years.

A Vocational/Technical training program must provide at least 20 hours per week of supervised in-class instruction to be considered a TOP-approvable training program.

**Important!** This Section must be completed in *full* by the Training Program Provider representative. Incomplete answers will slow down the processing of this application and may result in a loss of additional benefits.

**LICENSING INFORMATION:**

1. Is your school licensed or certified by any state or federal agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, fill out below:

Name of licensing agency: \_\_\_\_\_

School's License #: \_\_\_\_\_

School's license expiration date: \_\_\_\_\_

2. Name of school providing this training: \_\_\_\_\_

3. School's Address: \_\_\_\_\_

4. School's DUA Account Number (EAN): \_\_\_\_\_

5. Federal Employer ID # (FEIN): \_\_\_\_\_

**COURSE INFORMATION:**

6. Name of Training Program: \_\_\_\_\_

7. Training PRO/MOSES course ID# (if any): \_\_\_\_\_

8. What is the program's annual placement rate into jobs related to the Student's training area?  
\_\_\_\_\_

9. Provide information regarding student's classes/training program:

Classes/Training starts on: \_\_/\_\_/\_\_\_\_ and ends on: \_\_/\_\_/\_\_\_\_

10. Student class schedule is:

Number of hours per week: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

11. Classes are held in the (check all that apply):

\_\_\_\_ Day \_\_\_\_ Evening \_\_\_\_ Online \_\_\_\_ Online Only

**NOTE:** The information answered above should only include In-Class/Instructional hours/credits. Homework time should not be included.

12. Has the school secured funding from the student, financial aid, MassHire or WIOA funding sources?

Yes \_\_\_\_ No \_\_\_\_

13. Are there any scheduled breaks or weeks off during the duration of the program listed above.

Yes \_\_\_\_ No \_\_\_\_

If yes, enter the break start and end date:

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Attach a copy of the official training program curriculum outline to this application.**

14. Is the Student required to do on-the-job training, an externship, an internship, practicum or the equivalent to complete this program? \_\_\_\_ Yes \_\_\_\_ No

If yes, complete the following for this part of the training:

Offsite Facility Name: \_\_\_\_\_

Supervisor Name and Phone#: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Number of Weeks: \_\_\_\_\_ Total # of Hours Per Week: \_\_\_\_\_

15. Will the student take vocational/technical training and take Basic Skills (ESOL, High School Equivalency, GED or ABE) classes?

Yes \_\_\_\_ No \_\_\_\_

If yes, which Basic Skills Programs will the student take?

High School Equivalency \_\_\_\_ ESOL \_\_\_\_ ABE \_\_\_\_ Other (Explain): \_\_\_\_\_

16. How many weeks will the student have to complete the Basic Skills Program? \_\_\_\_\_

**TRAINING PROGRAM AGREEMENT:**

This training program agrees to adhere to the following rules while the student is in the program. The training program will:

- Certify whether the student has met the entrance requirements and is able to successfully complete the training;
- Notify the TOP (Section 30) program at 617-626-5521:
  - \* About the student's attendance and performance, if the TOP program requests it, and
  - \* Call the TOP (Section 30) program to report any absences. Please call before 4 p.m. on Friday of the week the student was absent.
- School representatives will provide information as requested by DUA TOP (Section 30) staff.

**IMPORTANT! This application will not be reviewed unless the above section is completed in full.**  
If the school fails to provide requested information, it may jeopardize the student's approved funding through DCS MassHire and/or the student's eligibility for Unemployment Insurance benefits.

**Name of the person completing this form (PRINT):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART D: To be completed by the CREDIT BASED Community College, College or University representative.**

Most TOP programs must be completed within 2 years. Claimants enrolled in basic skills courses, such as ESOL, High School Equivalency, or ABE, either alone or in combination with other training may have 3 years to complete the training.

To be considered a TOP-approvable training program, a Community College, College or University program must provide at least 20 hours per week of in-class instruction or at least 12 semester credits each period or the equivalent (for example, supervised lab sessions) except for classes considered to be a practicum.

**Important!** This Section must be completed in *full* by an **authorized representative of the Community College, College or University**. Incomplete answers will slow down the processing of this application and may result in a loss of additional benefits.

Student Name: ANDREA BREZANOVA

1. Name of Certificate or Degree Program the student has applied to/is enrolled in. (If degree, specify if Associates, Bachelor, Masters, etc.)  
\_\_\_\_\_
2. List Student's major or course of study:  
\_\_\_\_\_
3. Training PRO/MOSES course ID# (if any):  
\_\_\_\_\_
4. What is your annual placement rate into jobs related to the Student's training area? \_\_\_\_\_
5. Is the program accredited? Yes \_\_\_\_\_ No \_\_\_\_\_
6. If yes, please provide details of the accreditation: \_\_\_\_\_
7. Will the student be a full time or part time student?  
  
    \_\_\_\_ Full Time (Please define Full Time. i.e., # of credits per semester): \_\_\_\_\_  
  
    \_\_\_\_ Part Time (Please define Part Time. i.e., # of credits per semester): \_\_\_\_\_
8. Describe the student's schedule for this program:  
    8A. Classes start: \_\_\_\_/\_\_\_\_/\_\_\_\_ All classes will be completed on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
    8B. Number of credits required to complete the program: \_\_\_\_\_  
  
    8C. Number of credits this student has already completed for this program: \_\_\_\_\_  
  
    8D. Number of credits this student still needs to complete for this program: \_\_\_\_\_

8E. Classes are held in the (check all that apply): \_\_\_\_ Day \_\_\_\_ Evening \_\_\_\_ Online  
\_\_\_\_ Online Only

9. Is the Student required to do on the job training, an externship, an internship, practicum or the like to complete this program? \_\_\_\_ Yes \_\_\_\_ No

If yes, complete the following for this part of the training:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Number of Weeks: \_\_\_\_ Total # of Hours Per Week: \_\_\_\_\_

Offsite Facility Name: \_\_\_\_\_

Supervisor Name and Phone #:

\_\_\_\_\_

Facility Address:

\_\_\_\_\_

10. CREDITS PER SEMESTER. Include: the total number of semester credits and the number of in-class hours per week. Fill out below (dates should be in mm/dd/yyyy format) : # of Credits

| Period   | Starts on:  | Ends on:    | per semester | FT or PT |
|----------|-------------|-------------|--------------|----------|
| Fall     | --/--/----- | --/--/----- | _____        | _____    |
| Winter   | --/--/----- | --/--/----- | _____        | _____    |
| Spring   | --/--/----- | --/--/----- | _____        | _____    |
| Summer 1 | --/--/----- | --/--/----- | _____        | _____    |
| Summer 2 | --/--/----- | --/--/----- | _____        | _____    |
| Fall     | --/--/----- | --/--/----- | _____        | _____    |
| Winter   | --/--/----- | --/--/----- | _____        | _____    |
| Spring   | --/--/----- | --/--/----- | _____        | _____    |

11. Will the student be able to attend Full Time for the entire duration of the program?

\_\_\_\_ Yes \_\_\_\_ No

12. If any of the above semesters will have part time attendance, attach a letter to the application explaining why the student will be part time.

**COMMUNITY COLLEGE, COLLEGE OR UNIVERSITY AGREEMENT:**

- Certify whether the student has met the entrance requirements and is able to successfully complete the training;
- Notify the TOP (Section 30) program at 617-626-5521:
  - About the student's attendance and performance, if TOP program requests it;



- Call the TOP (Section 30) unit to report any absences. Please call before 4 pm on Friday of the week that the student is absent.

- School representatives will provide information as requested by DUA TOP (Section 30) staff.

**IMPORTANT! This application will not be reviewed unless the above section is completed in full.** If the school fails to provide the requested information, it may jeopardize the student's approved funding through DCS MassHire and/or the student's eligibility for Unemployment Insurance benefits.

**Name of person completing this form (PRINT):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_