





How to File an Initial Application for Benefits

Use this guide to file an initial claim or application for benefits from the Unemployment Insurance Program. We need detailed information to accurately make a decision about your benefits.

After you file your initial application for benefits using Frances Online, make sure to check your mail, email, and Frances Online account for important instructions.

Note: Frances Online is a new system for getting benefits from the Unemployment Insurance Program. We are making regular updates to the system, so the screens you see may look a little different from the images in this guide. You can use the "next" and "previous" buttons to move between screens and update your answers without losing your information. Selecting "cancel" will erase your progress. You can save your progress and finish it later, but you must submit the application by 11:59 p.m. on Saturdays or you will need to start over.

Step 1 — Go to the Frances Online Claimant Portal

- There are two ways to get there:
 - o Go to frances.oregon.gov
 - Under "Employees and Claimants," click "Log on to Frances Online" OR
 - o Go directly to frances.oregon.gov/claimant
- Enter your email address (username) and password and select "Log in."

Employment Department Frances Online for Claimants		? 🦉 Can I Help?
FRANCES O N Claimant	LINE	Username Password Control Log in Forgot username or password? New to Frances Online? Sign Up for an Online Account
Search our online services	(???)	
Verify My Identity Respond to your Identity Verification letter.	Contact Us Send a message to Paid Leave or the Unemployment Insurance Department.	Sign up for an Online Account As a claimant, you can use this secure portal to sign in, file a claim, and manage benefits online.

Step 2 —On your home screen, under "Claimant Services," select "File an Unemployment Insurance claim."

ARAH NIX -**-0211		Welcome, Sarah Nix Manage My Profile 9
) E JOHNSON ST RLTON OR 97111-1060		
ome Action Center Settings I Wa	nt To	
ter		
SARAH NIX ***-*-0211 550 E JOHNSON ST	Claimant Services	 > File an Unemployment Insurance claim > File a Paid Leave Oregon Claim
CARLTON OR 97111-1060		

Step 3 — Verify your identity by providing your Social Security Number (SSN).

- You must check the box to confirm that you will answer questions honestly and accurately.
- Select "Next" to continue.

< SARAH NIX
File a Benefit Claim
***-**-0211
Identity You must enter your Social Security Number to verify your identity. Protecting your personal information is important to us. * Required
You must tell the truth on this application
It is very important that you provide true and accurate information on your application. There may be additional penalties if you intentionally make a false statement or purposefully do not report true and accurate information so you can receive benefits.
What could happen if I do not provide accurate information?
Our work on your claim may be delayed, which could delay your benefits.
Your claim can be denied, and you will not receive benefits.
Your claim can be overpaid, and you will have to repay benefits.
• If you knowingly give us false information, you may have to complete a number of penalty weeks on your claim. This means you can claim these weeks and be eligible for benefits, but you will not be paid for these weeks.
You can be prosecuted for a crime and be forced to pay penalties and serve time in jail.
Disclaimer
By checking this box, I certify that all statements provided are true and accurate. I understand that these statements are made under the penalty of perjury and that any intentional misrepresentation is considered fraud. If I am found to have committed fraud, I understand that I may be subject to prosecution.
Cancel Cancel Next

Step 4 — We need to know about one employer you have recently worked for.

- Add at least one employer you have worked for since the required date.
- Select the "Add Employer" link to search for employers.

< SARAH NIX	
File a Benefit Claim	
SARAH NIX ***-**-0211	
Provide the following information to help decide how to proceed.	
Use the Add Employer link to add an employer you worked for since January 1, 2021.	
You only need to add one employer at this time. You will be asked to provide the details of your recent employment history on a different screen.	
+ Add En	1ployer
Employer Name : ROSE MINT TEA	
Employer Address : 550 E JOHNSON ST CARLTON OR 97111-1060	
Employer Type : In-State Employer	
Cancel Cancel Nex	t >

- You can search by their Federal Employer Identification Number (FEIN or EIN), which would be listed on a paystub or W-2, or their Business Identification Number (BIN). Using the FEIN, EIN, or BIN is the most accurate method.
- You can also search for the name of the company but be aware that some employer names look similar.
- Make sure you choose the correct employer. Selecting the wrong employer will delay processing of your claim.
- Select the "X" in the upper right corner to close the window after you have added at least one employer.

SARAH NIX File a Benefit Claim SARAH NIX ***-**-0211		
Provide the following information to help Use the Add Employer link to add an employer you worked for You only need to add one employer at this time. You will be ask		
 Select a Claim		0 ×
Search for Employer Search By Name ID Name	Results ROSE MINT TEA Contributions 550 E JOHNSON ST CARLTON OR 97111-1060	
Search	Add a New Employer	

Step 5 — You will need to read the requirements for benefit eligibility and have the following information available:

- Your complete work history for the past 18 months, including:
 - Employer names
 - Employer addresses
 - Employer phone numbers
 - Start and end dates of your employment for each employer
 - Any self-employment
- If you want to sign up to have your benefits paid to you through direct deposit, you will need your bank account number and routing number.

gular Unemployment Insurance Claim	
AH NIX **-0211	
0	
Gather Materials	
Jnemployment Insurance Oregon Application for Benefits	
efore filing your claim, please gather and be prepared to provide the following information:	
Your work history for the last 18 months, including Dates of employment	
 Dates of employment Your employers' business names, addresses, and phone numbers. If you worked for the federal government, but were not 	in the military, you may find this information on an SF-8 or
SF-50 form.	,,, ,
Your salary from each employer.	
 If you are not a citizen of the United States, you will need your Worker Authorization number, or information from your Visa, I- Verify that your listed phone number is where we can reach you during normal business hours (8:00 a.m. – 5:00 p.m. Pacific tim 	
n order to be eligible for benefits:	
 You must be able to work, be available for work, and be actively seeking work each week you claim. It is your responsibility to I You must look for work in your labor market and normal occupation. You must stay in the area of your permanent residence for your labor marker for more than half the week, you must be willing to relocate to the area where you sought work. You must be willing to work all days and hours or shifts normal for your occupation. 	or more than half the week. If you are seeking work outside
 You must be available for full-time, part-time, and temporary work. If you are limited to part-time work because of a permanent 	nt or long-term disability, you may still be eligible for benefits.
The Internal Revenue Code and Oregon Administrative Rules require that you disclose your Social Security Number when claiming will be used to report your benefits to the Internal Revenue Service and Oregon Department of Revenue as income that is taxable. or identity verification. The number will also be used as a record for processing your claim, for statistical purposes, to register you vorkSource Partners for One-Stop services. The number may be used for state agency debt collection activities and may be se elect ReliaCard for your benefit payments.	The number will be sent to the Social Security Administration in our electronic job matching system and will be shared with
eect Reliacard for your benefit payments.	

Step 6 — Provide any other names you have used with a current or former employer.

gular Unemploymen AH NIX *-0211	t Insurance Claim		
Gather Materials	Other Name		
D ther Name(s) Iaimant Legal Name ARAH NIX			
o your current or past employers Yes No	know you by a different name? *		
Cancel Save Draft			< Previous

Step 7 — Make sure we have your current contact information.

• Check the box if you would like to give us permission to leave detailed messages with information about your claim.

Regular Unemployment Insurance Claim SARAH NIX ******0211
Gather Materials Other Name Contact
Contact Please provide your contact information. Updated Contact Email Address Required Primary Phone Type Primary Phone Type Required USA Required
I give the Oregon Employment Department permission to leave a detailed message or questions regarding my claim. Do you have a second phone number you wish to provide? Yes No Cancel Save Draft

Step 8 — Confirm your address.

egular Unemployme ARAH NIX *-**-0211	ent Insurance Claim			
Gather Materials	Other Name	Contact	Physical Address	
Physical Address Address 550 E JOHNSON ST CARLTON				
ls your physical address correct? Yes	* No			
Cancel Save Dra	ft			< Previous Next >

Step 9 — Choose if you would like to receive important documents electronically or through the mail.

• If you select to have letters sent electronically, be aware that some letters are still required by law to be sent through the U.S. mail, so check your mail regularly.

	O	⊘	⊘	O	0
erials	Other Name	Contact	Physical Address	Mailing Address	Mail Delivery
	and the second se				
Mail Delivery	Option				
		ceive correspondence and what	your language preference is. You can	change your preferences at any tim	ne through Frances Online.
/our mail delivery o vlail Delivery Option		ceive correspondence and what	your language preference is. You can	change your preferences at any tim	ne through Frances Online.
/our mail delivery o vlail Delivery Option		ceive correspondence and what	your language preference is. You can	change your preferences at any tim	ne through Frances Online.
Mail Delivery Option Electronic Primary Language		ceive correspondence and what	your language preference is. You can	change your preferences at any tim	ne through Frances Online.
/our mail delivery o Mail Delivery Option Electronic	ptions will determine how you re	ceive correspondence and what	your language preference is. You can	change your preferences at any tim	ne through Frances Online.

Step 10 — We need to know if you have applied for unemployment insurance in another state, worked outside of Oregon, worked for the federal government, or were on active duty for 180 days or more.

RAH NIX -**-0211					
0211	•	•	•	•	•
ame	Contact	Physical Address	Mailing Address	Mail Delivery	Wage Type
Wage Type					
	have you filed a claim or applie	d for benefits from any state other than C	Pregon? *		
Ves	No				
What state did you file	in?				
Between January 1	, 2023 and December 31, 2	023 did you:			
Work outside the state	of Oregon?				
Yes	No				
Work for the federal g	overnment? *				
Ves	No				
Perform any active mil	itary service of 180 days or mor	e, other than training with a National Guar	d or reserve unit? *		
Yes	No				

Step 11 — We need details about your employment history.

- Select your employer to answer the questions.
- A red triangle or a popup message will appear if there are questions.

**-0211	•	•		•	•
ct	Physical Address	Mailing Address	Mail Delivery	Wage Type	Work History
Employm	ent History				
We have retrie	ved your known employment since Octo	ober 14, 2022.			
To complete y	our employment history:				
1. Select eac	h employer's name below to answer que	^			
2. If you do	not see an employer that you have work		erything before moving on to the nex ROSE MINT TEA need attention.	t step.	
3. After you	have added all employers and answered	qu	ОК	: button to continue.	
	s		UK UK		
Employer		Address	Employer Type		
Employer Name					

Step 12 — Answer all the questions presented.

- You may see different questions depending on your answers.
- Make sure you select "Search for Occupation."

Employment Department Franc	All Questions	_{⊘ ×} 2024) ? ⊖
< SARAH NIX		
Percular Unamarlaum	ROSE MINT TEA	
Regular Unemploym	550 E JOHNSON ST CARLTON OR 97111-1060	
SARAH NIX		
***-**-0211	Did you work for this employer?	
2	Yes No	0
ntact Ph	What was your first day of work for this employer? *	Work History
	Required 🖪	
A second second second	Are you still working for this employer?	
Employment Histo	Yes No	
We have retrieved your kno		
	What was your last day of work for this employer?	
To complete your employm	Required 🗎	
1. Select each employer's		
2. If you do not see an en	Your Occupation	
3. After you have added a	You must provide your occupation. Click the button Search for Occupation to find your occupation.	
Employers	Search for Occupation	
Employers	A You have not yet searched for your occupation *	
Name		
A ROSE MINT TEA	What was your frequency of pay with this employer?	
A ROSE MINT TEA	Required 🗸	
	What was your amount of pay with this employer? *	+ Add Employer
	Required	
	What was your job title? *	
Cancel Save D	Required	Previous Next >
	What were your job duties?	
Links	in the second seco	Oregon.gov
Site Map		pov
Equal Opportunity Employment Advisory Council		nployee Search 8 A to Z
Employment Appeals Board		ying
Confidentiality Disclaimer	Cancel	OK ed Browsers

Step 13 — When you select "Search for Occupation," a new screen will open so you can search by keyword.

• Please read the available options and choose the occupation that best fits your previous job.

	Questions		⊙ ×	
< SARAH NIX				
Regular Unemployment Inc	ROSE MINT TEA			
Activity Code Search			0 ×	
Search		< Page	1 of 2 💙	
Keyword	Results	Filter		
server	Code	Title		
Search	35-3041	Food Servers, Nonrestaurant		
	15-1231	Computer Network Support Specialists		
	15-1244	Network and Computer Systems Administr	ators	
	15-1254	Web Developers		
	27-4011	Audio and Video Technicians		
	19-4043	Geological Technicians, Except Hydrologic	Technicians	
	33-9031	Gambling Surveillance Officers and Gambli	ng Investigators	
	33-9099	Protective Service Workers, All Other		
	35-3023	Fast Food and Counter Workers		
	35-3031	Waiters and Waitresses		
	I		Can-d	
			Cancel	
Site Map Ecual Opportunity Employment Advisory Council Employment Appeals Board			ch	
Confidentiality Disclamer				
Disclaimer of hyperlinks: The appearance of external hyperlinks does not constitute		Cancel		

Step 14 — On the next screen, select "Search for Primary Occupation" to choose the option that best describes your main work during the past 18 months.

- This can be different than your previous job.
- This will help us understand what work you will search for.
- Answer the questions to help us decide what you are eligible for.

RAH NIX	nployment Insurance	Claim			
*-**-0211					
					0
Address	Mailing Address	Mail Delivery	Wage Type	Work History	Eligibility
Primary Oce	cupation				
		18 months? Click the Search for Pri	mary Occupation button to find yo	ur primary occupation.	
-	rimary Occupation				
-					
	t yet searched for your primary o				
Are you seeking and Yes	d willing to accept this type of work No	now?			
		ncy, or Professional Employee Organiza	tion (PEO) at the time of your most rece	ent separation?	
Yes	No				
Eligibility					
-	ccept the same rate of pay for future	work? *			
Yes	No				
D.d. as Anno da na	any work since you last worked?				
Yes	No				
Are you attending s	No				
Are you a United Sta	tates citizen? *				

Step 15 — You will see different questions based on your situation.

• Please answer them accurately.

	O		O	⊘	0
dress	Mail Delivery	Wage Type	Work History	Eligibility	Additional Questions
Additional C	Questions				
Do you intend to see	ek work in Oregon? *				
Yes	No				
n the last 18 month	s. did you live in another state and fr	equently commute to Oregon to work?	.*		
Yes	No				
Are you receiving or	will you receive retirement pay (othe	er than Social Security) within the next 1	12 months? *		
Yes	No				
Vere you employed	as a professional athlete during the	last 18 months? *			
Yes	No				
Did vou work as a U.	S. Merchant Marine mariner since Ja	nuary 1, 2023? *			
Yes	No	, ,			
Vere you unable to	work because of illness or injury duri	ing most of any of the calendar quarter	s between January 1, 2023 and December	31 20232	
Yes	No	ing ment of any of the continual depret	of the set of t		
	f a union that dispatches you to all y	*			
Yes	No	our work?			
Tes	NU				

Step 16 — There are several questions to help us better understand the customers and communities we serve.

• You may answer "Prefer not to say."

)	⊘	⊘	⊘	O	o
livery	Wage Type	Work History	Eligibility	Additional Questions	Voluntary Disclosures
Voluntary I	Disclosures				
	not be used to make decisions about you hoose the option 'prefer not to say' for an		lerstand the different communitie	es we serve, we encourage you to ans	wer the demographics questions
What is the highes completed?	t degree or level of school you have	Do you have a disability? You would be considered if	to have a disability if you have a	* What is your veteran or militar	
No school		physical, intellectual, and/or developmental disability or medical condition that substantially limits a major activity, or if you have			
🔿 Less than hi	gh school	a history or record of a dis	contain the substantially limits a mojor activity, or it you have a history or record of a disability or medical condition. This also includes if you are regarded as having a disability. Ves	I am active U.S. Armed	Forces, Military Reserves, or
O Some high s	chool, no diploma			National Guard	
High school	graduate, including GED or equivalent	No Prefer not to say		do not have a military status	
🔿 Technical, tra	ade or vocational school		Prefer not to say		
O Some under	graduate education or associate degree				
O Bachelor's d	egree				
O Postgraduat	e degree				
O Prefer not to	say				

Step 17 — Choose how you would like to receive your payments.

- If you choose direct deposit, you will need to provide your banking information.
- If you choose a debit card, you will need to read and acknowledge a statement about it.

Additional Questions Voluntary Disclosures Voluntary Disclosures Payment	egular Un	employment Insurance	Claim			
Additional Questions Voluntary Disclosures Voluntary Disclosures Voluntary Disclosures Payment Receiving Your Benefits How would you like to receive your benefit payments if they are approved? You must view the U.S. Bank ReliaCard ® agreement, as it is the back-up payment if we aren't able to use direct deposit to send your Direct Deposit	ARAH NIX					
Receiving Your Benefits How would you like to receive your benefit payments if they are approved? You must view the U.S. Bank ReliaCard ® agreement, as it is the back-up payment if we aren't able to use direct deposit to send your	*-**-0211					
Receiving Your Benefits How would you like to receive your benefit payments if they are approved? You must view the U.S. Bank ReliaCard ® agreement, as it is the back-up payment if we aren't able to use direct deposit to send your		O		O	O	0
How would you like to receive your benefit payments if they are approved? You must view the U.S. Bank ReliaCard ® agreement, as it is the back-up payment if we aren't able to use direct deposit to send your * benefits. O Direct Deposit	ility	Additional Questions	Voluntary Disclosures	Voluntary Disclosures	Voluntary Disclosures	Payment
	Receiving	g rour beneficines				
	How would you benefits.	a like to receive your benefit payments if	they are approved? You must view the U	I.S. Bank ReliaCard ® agreement, as it is	the back-up payment if we aren't able to us	e direct deposit to send your *
	How would you benefits.	u like to receive your benefit payments if posit	they are approved? You must view the U	I.S. Bank ReliaCard ® agreement, as it is	the back-up payment if we aren't able to us	e direct deposit to send your *

Step 18 — Choose how much tax you would like withheld from your payments.

)	O		O		0	
Questions	Voluntary Disclosures	Voluntary Disclosures	Voluntary Disclosures	Payment	Tax Withholding	
-						
Tax Withh	olding					
How would you li	ike us to handle tax withholding on you	ir future payments? *				
O I want both	h 10% for my federal and 6% for my	state personal income taxes withhe	ld from my benefit payments.			
O I want only	10% of my benefit payments withh	eld for federal personal income tax	P5.			
O I want only	6% of my benefit payments withhe	eld for state personal income taxes.				
🔿 I do not wa	ant taxes withheld from my benefit p	payments.				

- Step 19 You must enter your name to certify that the information you provided is correct.
 - Read the requirements so you know what you need to do to remain eligible.

sclosures	Voluntary Disclosures	Voluntary Disclosures	Payment	Tax Withholding	Certification	
Certificati	on					
certify under	penalty of perjury that I am a citizen	of the United States or was legally aut	horized to work in the United S	itates during the weeks I am claiming t	enefits.	
understand th	ne questions I have been asked. My a	answers are true to the best of my know	vledge.			
I understand th	ne law provides penalties for making	a false statements in order to obtain be	nefits from the Unemployment	Insurance Program.		
information fro	om any source I provided for adminis	work and request an initial determinat stering unemployment insurance and e *		ible to me. I authorize the Employmen	Department to obtain and use	
By entering your Required	name in the box below, you are certifyi	ng the above information.				
	Notice: Your work search					
Failure to see	k work as required will result in a o	denial of benefits.				
	you claim benefits, you must be: and mentally able to perform the wo	ork you sought each week				
Available f	or full-time, part-time, and tempora	ry work during all of the days and hour	s normal for your type of work			
 Actively se 	eeking work for jobs you may be hire	ed to do.				
To be consider	ed actively seeking work, you must r	make two direct employer contacts and	do three additional work-seek	cing activities each week you claim.		
You should ma	ke your direct contact with employe	ers in the way the employer requires yo	u to ask about or apply for jobs	s. You must record:		
• The date o	of contact.					
The compa						

Step 20 — Look over the summary page to make sure the information is correct.

- You can use the "Previous" button to go back and change information.
- When you are ready, select "Submit" to finish your application.

What you need to know moving forward:

- **Read what we send you.** Frances Online will give you information that applies to your situation. We will also send letters through the U.S. mail. Make sure to read and follow the instructions carefully.
- **Search for work.** Most people need to start looking for work immediately and keep looking for work to be eligible for benefits.
- **File every week.** You need to file a claim every week so we can decide if you are eligible for benefits. This is when you report your work-search activities.
- **Claim your waiting week.** The first week you are eligible for benefits is called a waiting week. You need to claim the week even though you will not receive a payment for it. There is only one waiting week per benefit year.
- **Verify your identity.** You need to <u>verify your identity</u> to be eligible for benefits. You have options on how to verify your identity. The method you choose to verify your identity will not affect your eligibility to receive benefits.
 - WorkSource Oregon You will need to meet with a WorkSource Oregon agent in person or online. They can check your identification documents and help you develop a plan for your career goals.
 - U.S. Postal Service Post Office You must sign up in Frances Online before you can verify your identity at a Post Office. Log in to Frances Online and select "I Want To...".
 In the "Verify My Identity" panel, select "Verify My Identity In-Person at a Post Office" and follow the instructions.
- Check your mail, email, and Frances Online account. We will send you important information and instructions.