SCSEP Participant Form

OMB Approval Number: 1205-0040
Expiration Date: 3/31/15

Participant Information

1. Last name _____ 2. First name_____

3. Middle initial _____ 4. Social Security # _____

4a. Participant ID _____ 5. Home phone (____) _____

5a. Cell phone (____) _____

6. Mailing address

_____
a. Number and Street, Apt. Number; or PO Box

_____
b. City c. State

_____
d. ZIP Code e. County

6a. Participant's e-mail address _____

6b. Emergency contact: Name_____ Phone (____) _____
Relationship _____

7. State of residence if different from mailing address _____

8. Homeless ☐ Yes ☐ No 8a. Urban/rural ☐ Urban ☐ Rural

9. Application date for enrollment or re-enrollment _____(MM/DD/YYYY)

Eligibility Information

10. Date of birth_____(MM/DD/YYYY) 11. Number in family_____

12. Receiving public assistance? (Check as many as apply)

☐ a. No
☐ b. Supplemental Security Income (SSI)
☐ c. TANF
☐ d. State or local welfare (General Assistance)
☐ e. Suppl. Nutrition Assistance (SNAP)
☐ f. Subsidized housing
☐ g. Social Security Disability (SSDI)
☐ h. Other
(specify)_____

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(Revised July 2012; replaces prior versions)

13. Employed prior to participation?
☐ i. Employed ☐ ii. Employed, but with notice of termination ☐ iii. Not employed

13a. Did applicant engage in volunteer work prior to participation? ☐ Yes ☐ No
If yes, total number of volunteer activities_____

14. Total includable family income (12-month or 6-month annualized)
$_____

15. Family income at or below 100% of poverty level? ☐ Yes ☐ No

16. Formerly a participant in any SCSEP project? ☐ Yes ☐ No

17. *Transferred from another project? ☐ Yes ☐ No
If yes, specify prior grantee code _____
Date of transfer _____

17a. *Change of sub-grantee? ☐ Yes ☐ No
If yes, specify prior sub-grantee code _____
Date of change _____

Other Personal Characteristics and Information

18. Gender ☐ Male ☐ Female ☐ Did not voluntarily report

19. Ethnicity: Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No ☐ Did not voluntarily report

20. Race (Check as many as apply)

☐ a. American Indian or Alaskan Native ☐ b. Asian
☐ c. Black, African American ☐ d. Native Hawaiian/Pacific Islander
☐ e. White ☐ f. Did not voluntarily report

21. Education _____ last grade completed (Select one code from following list)

00=no grade school	88=GED or certificate of equivalency for HS	18=master's degree
1-11 years of school	13-15 years of school completed (1-3 years of college)	19=doctoral degree
A11=completed 12 years of school but no HS diploma	16=BA/BS or equivalent	21=vocational/technical degree
12=HS diploma	17=education beyond a bachelor's degree	22=associate's degree

22. Limited English Proficiency (LEP) ☐ Yes ☐ No

*No data entry in SPARQ. Field is system-generated.

23. If LEP, please specify primary language _____ (Select one code from following list)

10. Amharic	20. Hebrew	30. Mon-Khmer (Cambodian)	40. Spanish
11. Arabic	21. Hindi	31. Navajo	41. Tagalog
12. Armenian	22. Miao (Hmong)	32. Persian (including Dari)	42. Thai
13. Bosnian	23. Italian	33. Polish	43. Urdu
14. Cantonese (Yue)	24. Hungarian	34. Portuguese	44. Vietnamese
15. French	25. Ilocano	35. Punjabi	45. Yiddish
16. French Creole	26. Japanese	36. Russian	46. Other_____
17. German	27. Korean	37. Samoan	_____
18. Greek	28. Laotian	38. Serbo-Croatian	
19. Gujarathi	29. Mandarin	39. Somali	

24. Low literacy skills? ☐ Yes ☐ No

25. Veteran (or eligible spouse of veteran)?

☐ a. Veteran ☐ b. Eligible spouse of veteran ☐ c. Non-covered person
If veteran, post-9/11 era veteran? ☐ Yes ☐ No

26. Disability?
☐ Yes, self-report ☐ No
☐ Yes, documentation ☐ Did not voluntarily report

27. At risk of homelessness? ☐ Yes ☐ No

28. Displaced homemaker? ☐ Yes ☐ No

29. Failed to find employment after using WIA Title I? ☐ Yes ☐ No

30. Low employment prospects? ☐ Yes ☐ No

31. Personal characteristics comments

Certification

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

32. Signature of applicant

_____

33. Date of signing

_____ (MM/DD/YYYY)

Eligibility Determination

34. ☐ Eligible ☐ Ineligible

35. If ineligible, reason (Check as many as apply)

☐ a. Age ☐ b. Income ☐ c. Residence outside of state
☐ d. Failed to complete application or provide required documentation
☐ e. Other (specify) _____

36. If ineligible, action taken (Check as many as apply)

☐ a. Referred to One-Stop ☐ b. Referred to social services
☐ c. Referred to another project
☐ d. Placed in unsubsidized employment pursuant to MOU
☐ e. Other (specify) _____

Enrollment Information

37. Placed on waiting list? ☐ Yes ☐ No

38. Community service assignment? ☐ Yes ☐ No

39. Grantee name _____

39a. County of authorized position _____

40. Co-enrollments? (Check as many as apply)

☐ a. WIA ☐ b. Employment Service ☐ c. Adult Education
☐ d. College/Community College
☐ e. Other (specify) _____
☐ f. None

40a. Date of orientation _____ (MM/DD/YYYY)

40b. Date of last physical or waiver _____ (MM/DD/YYYY)

40c. Date of last IEP _____ (MM/DD/YYYY)

40d. Job interest codes: 1_____ 2 _____ 3_____

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

41. Enrollment comments

42. Signature of director or authorized representative

_____

43. Date of eligibility determination

_____(MM/DD/YYYY)

Recertification

44. Number in family_____

45. Total includable family income (12-month or 6-month annualized)
$_____

Certification

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

46. Signature of participant on recertification _____

47. ☐ Eligible ☐ Ineligible

48. If ineligible, reason (Check as many as apply)

☐ a. Income ☐ b. Failed to complete application or provide required documentation
☐ c. Other (specify) _____

49. Signature of director or authorized representative on recertification

_____

50. Date of recertification determination _____ (MM/DD/YYYY)

Waiver of Durational Limit

51. Severe disability? ☐ Yes ☐ No
51a. Date of last update _____ (MM/DD/YYYY)

52. Frail? ☐ Yes ☐ No
52a. Date of last update _____ (MM/DD/YYYY)

53. Old enough for but not receiving SS Title II? ☐ Yes ☐ No
53a. Date of last update _____ (MM/DD/YYYY)

54. Severely limited employment prospects in area of persistent unemployment?
☐ Yes ☐ No
54a. Date of last update _____ (MM/DD/YYYY)

55. Limited English Proficiency (LEP)? ☐ Yes ☐ No
55a. Date of last update _____ (MM/DD/YYYY)

56. Low literacy skills? ☐ Yes ☐ No
56a. Date of last update _____ (MM/DD/YYYY)

*57. 75 or over? ☐ Yes ☐ No

60. Recertification/waiver comments

*No data entry in SPARQ. Field is system-generated.