

SCSEP Participant Form

OMB Approval Number: 1205-0040

Expiration Date: 08/31/09

Sub-grantee _____ Local Site _____ Case Worker _____

Participant Information

1. Last name _____ 2. First name _____

3. Middle initial _____ 4. Social Security # _____

5. Home phone number (____) _____

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)

- | | |
|---|---|
| <input type="checkbox"/> a. No | <input type="checkbox"/> b. Supplemental Security Income (SSI) |
| <input type="checkbox"/> c. TANF | <input type="checkbox"/> d. State or local welfare (General Assistance) |
| <input type="checkbox"/> e. Food Stamps | <input type="checkbox"/> f. Subsidized housing |
| <input type="checkbox"/> g. Social Security Disability (SSDI) | <input type="checkbox"/> h. Other (specify) _____ |

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them to the U.S. Department of Labor, Office of National Programs, Room C-4312, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

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13. Employed prior to participation?

- i. Employed ii. Employed, but with notice of termination iii. Not employed

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)

- | | |
|---|--|
| <input type="checkbox"/> a. American Indian or Alaskan Native | <input type="checkbox"/> b. Asian |
| <input type="checkbox"/> c. Black, African American | <input type="checkbox"/> d. Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> e. White | <input type="checkbox"/> 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.

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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 qualified spouse of veteran)?

- | | |
|---|---|
| <input type="checkbox"/> a. Non-qualified veteran | <input type="checkbox"/> b. Qualified veteran |
| <input type="checkbox"/> c. Qualified spouse of veteran | <input type="checkbox"/> d. None of above |

26. Disability? Yes No 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

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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)

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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)

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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)

43a. Is participant deceased? Yes No

Recertification

44. Number in family _____

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

Certification

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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

52. **Frail?** Yes No

53. **Old enough for but not receiving SS Title II?** Yes No

54. **Severely limited employment prospects in area of persistent unemployment?**
 Yes No

55. *Limited English Proficiency (LEP)? Yes No

56. *Low literacy skills? Yes No

57. *75 or over? Yes No

58. Recertification/waiver comments

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