

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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ETA-9120
(Revised July 2007)

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SCSEP Participant Form

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

SCSEP Participant Form

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.

SCSEP Participant Form

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

SCSEP Participant Form

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)

SCSEP Participant Form

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)

SCSEP Participant Form

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

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