

**SCSEP Participant Form**

OMB Approval Number: 1205-0040

Expiration Date: 10/31/10

Sub-grantee \_\_\_\_\_ Local Site \_\_\_\_\_ Case Worker \_\_\_\_\_

**Participant Information**

1. Last name \_\_\_\_\_ 2. First name \_\_\_\_\_

3. Middle initial \_\_\_\_\_ 4. Social Security # \_\_\_\_\_

4a. Participant ID \_\_\_\_\_ 5. Home 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) \_\_\_\_\_

Authorized for Local Reproduction

ETA-9120

(Revised April 2010; replaces prior versions)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average twelve (12) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA 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)

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.

# 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 eligible spouse of veteran)?

a. Veteran  b. Eligible spouse of veteran  c. Non-covered person

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

# 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)

# SCSEP Participant Form

## 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)

# SCSEP Participant Form

## 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

\*58. Date of original durational limit \_\_\_\_\_ (MM/DD/YYYY)

\*59. Waiver request:  
 a. None  b. Rejected  c. Granted

\*60 Date of expiration of waiver \_\_\_\_\_ (MM/DD/YYYY)

61. Recertification/waiver comments

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