

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)

Authorized for Local Reproduction

ETA-9120

(Revised July 2012; 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

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.