

**SCSEP Community Service
Assignment Form**

**OMB Control Number: 1205-0040
Expiration Date: 8/31/2018**

1. Name of participant _____ 2. PID _____
3. Grantee _____

Host Agency Information

4. Name of host agency _____
5. Host agency mailing address

a. Number and Street, Suite Number; or PO Box

b. City

c. State _____ d. ZIP code _____
6. FEIN _____
7. Host agency type: Not-for-profit Government
7a. Date of host agency agreement _____ (MM/DD/YYYY)
7b. Date of host agency monitoring visit _____ (MM/DD/YYYY)
8. Host agency site name and location _____
8a. Host agency job codes: i _____ ii _____ iii _____

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	

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ETA-9121
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8b. Host agency continued availability Available Not available

Contact/Supervisor Information

9. Name of contact person _____

10. Contact person's mailing address if different from number 5

a. Organization

b. Number and Street, Suite Number; or PO Box

c. City

d. State

e. ZIP Code

11. Contact person's title _____

11a. Contact person's salutation Mr. Ms. Dr.

12. Contact person's phone number _____

12a. Contact person's fax number _____

12a1. Contact person's cell phone number _____

12b. Contact person's e-mail address _____

Complete fields 12c-12i if supervisor is different from contact person (number 9). If supervisor is the same as contact person, skip to field 12j.

12c. Name of supervisor _____

12d. Supervisor's mailing address if different from number 5

a. Organization

b. Number and Street, Suite Number; or PO Box

c. City

d. State

e. ZIP Code

12e. Supervisor's title _____

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12f. Supervisor's salutation Mr. Ms. Dr.

12g. Supervisor's phone number _____

12h. Supervisor's fax number _____

12h1. Supervisor's cell phone number _____

12i. Supervisor's e-mail address _____

12j. Funding source of supervisor or contact person/supervisor:

Federal Non-federal \$ _____ (hourly rate) _____ (average hours per week)

Assignment Information

13. Assignment date _____ (MM/DD/YYYY)

14. Start assignment date _____ (MM/DD/YYYY)

15. End date _____ (MM/DD/YYYY)

15a. Approved break in participation

Start date _____ (MM/DD/YYYY) Expected end date _____ (MM/DD/YYYY)
Actual end date _____ (MM/DD/YYYY)

15b. Reason for approved break in participation

i. Family/health iii. Administrative
 ii. Personal iv. Other (specify) _____

15c. Comments on approved break in participation

16. Participant assigned to:

i. Grantee or sub-recipient/local project
 ii. Workforce partner
 iii. Other host agency

16a. If participant assigned to i or ii:

1. CSA wage (per hour) \$ _____
2. Number of hours per week assigned _____

16b. Participant's schedule

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16c. Date of safety consultation with participant _____ (MM/DD/YYYY)

16d. Does participant engage in volunteer work (in addition to the community service assignment) during enrollment? Yes No

If yes, total number of volunteer activities _____

17. Community service assignment code _____ (Select only one code from following lists)

Service to the general community includes the following activities:

- | | | |
|-------------------------------------|-----------------------------------|---------------------------|
| G1. Education | G6. Environmental Quality | G11. Counseling |
| G2. Health and Hospitals | G7. Public Works & Transportation | G12. Conservation |
| G3. Housing and Home Rehabilitation | G8. Social Services | G13. Community Betterment |
| G4. Employment Assistance | G9. Legal | G14. Other _____ |
| G5. Recreation, Parks, and Forests | G10. Financial | |

Service to the elderly community includes the following activities:

- | | | |
|-------------------------------------|------------------------|---------------------------|
| E1. Project Administration | E6. Nutrition Programs | E11. Counseling |
| E2. Health and Home Care | E7. Transportation | E12. Conservation |
| E3. Housing and Home Rehabilitation | E8. Outreach/Referral | E13. Community Betterment |
| E4. Employment Assistance | E9. Legal | E14. Other _____ |
| E5. Recreation/Senior Centers | E10. Financial | _____ |

18. Community service assignment title _____

18a. Participant's job code _____

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	

18b. Participant's workers' compensation code _____

19. Total hours paid in quarter

Quarter 1 _____

Quarter 3 _____

Quarter 2 _____

Quarter 4 _____

20. Types of training received (Check all that apply)

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- a. General training (basic skills)
- b. Specialized training (specific job/industry)
- c. On-the-job experience (OJE)
- d. Other (specify)_____
- e. None

20a.1. Type of supportive service provided:

- i. Dependent care (child or adult)
- ii. Health and medical services
- iii. Housing, including temporary shelter
- iv. Incidentals such as work shoes, badges, uniforms, eyeglasses, and tools
- v. Needs-related payments, such as utilities or food
- vi. Special job-related or personal counseling
- vii. Transportation
- viii. Other (specify)_____

20a.2. Date supportive service provided_____ (MM/DD/YYYY)

20a.3. Supportive service provided by:

- i. Grantee or sub-recipient/local project
- ii. Workforce partner
- iii. Both i and ii
- iv. Other (specify)_____

21. Total hours of paid training received in quarter

Quarter 1 _____ Quarter 3 _____
Quarter 2 _____ Quarter 4 _____

22. Community service assignment comments

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Sub-Grantee Provided Training Information

Training Provider Information

23. Name of training provider or OJE employer _____

24. Training provider or OJE employer mailing address

a. Number and Street, Suite Number; or PO Box

b. City

c. State

d. ZIP code

25. Training provider continued availability Available Not available

Contact Person Information

26. Name of training provider or OJE employer contact person _____

27. Contact person's mailing address if different from number 24

a. Organization

b. Number and Street, Suite Number; or PO Box

c. City

d. State

e. ZIP Code

28. Contact person's title _____

29. Contact person's salutation Mr. Ms. Dr.

30. Contact person's phone number _____

31. Contact person's fax number _____

31a. Contact person's cell phone number _____

32. Contact person's e-mail _____

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Training Information

33. Types of training received (Check only one per training record)

- a. General training (basic skills)
 d. Other (specify) _____
 b. Specialized training (specific job/industry)
 c. On-the-job experience (OJE)

34. Job code for which training is provided, if relevant _____

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
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35. Participant's workers' compensation code in training _____

36. Start training date _____ (MM/DD/YYYY)

37. End training date _____ (MM/DD/YYYY)

38. Average number of hours of training per week _____

39. Average number of hours of community service per week during training _____

40. If OJE, wages paid by:

Sub-grantee
 Employer and reimbursed by sub-grantee at rate of _____%

41. Training wage (per hour) \$ _____

42. Total wages paid to participant or reimbursed to employer \$ _____

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) \$ _____

44. Training Comments