

**SCSEP Community Service  
Assignment Form**

OMB Approval 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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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 \_\_\_\_\_

16. CSA wage (per hour) \$ —

16a. Number of hours per week assigned \_\_\_\_\_

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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
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18b. Participant's workers' compensation code \_\_\_\_\_

19. Total hours paid in quarter

Quarter 1 \_\_\_\_\_

Quarter 3 \_\_\_\_\_

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Quarter 2 \_\_\_\_\_

Quarter 4 \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> a. General training (basic skills)              | <input type="checkbox"/> d. Other (specify) _____ |
| <input type="checkbox"/> b. Specialized training (specific job/industry) | <input type="checkbox"/> e. None                  |
| <input type="checkbox"/> c. On-the-job-experience (OJE)                  |   |

20a.1. Type of supportive service provided:

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

20a.2. Date supportive service provided \_\_\_\_\_ (MM/DD/YYYY)

20a.3. Supportive service provided by:

- |   |
|---|
| <input type="checkbox"/> <u>i. Grantee or sub-recipient/local project</u> |
| <input type="checkbox"/> <u>ii. Workforce partner</u>                     |
| <input type="checkbox"/> <u>iii. Both i and ii</u>                        |
| <input type="checkbox"/> <u>iv. Other (specify) _____</u>                 |

21. Total hours of paid training received in quarter

Quarter 1 \_\_\_\_\_

Quarter 3 \_\_\_\_\_

Quarter 2 \_\_\_\_\_

Quarter 4 \_\_\_\_\_

22. Community service assignment comments

# SCSEP Community Service Assignment Form

## 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 \_\_\_\_\_

# SCSEP Community Service Assignment Form

## 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
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6. Education, Training, and Library	13. Office and Administrative Support	
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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