



SCSEP Participant Application



Applicant Name: _____ Date: _____

Address: _____ E-mail: _____

City/ST/Zip: _____ Phone #: _____

What is your county of residence? _____

DATA VALIDATION DOCUMENTATION

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AGE

1. Are you 55 or older? Yes No
- 1b. What is your Date of Birth? ____/____/____

EDUCATION

2. What is your highest level of completion?
- High School College (Did you graduate) ___Yes ___No Post Graduate Technical GED

EMPLOYMENT STATUS

3. Are you currently employed? Yes No

INCOME* Married Single

If the person is married, you need to include the spouse's income for the past 6 months from today and multiply by 2 (annualize) in the calculation of income eligibility.

4. Do you live in the same house with your spouse? Yes No
5. Do you live with any other family members? Yes No If yes, how many? _____
6. What is your total income for the past 6 months from today? [Include income of spouse and other relatives (if dependent = if they are claimed on taxes) if they live in same house] \$ _____

Includable Incomes	Applicant	Spouse	Other
Social Security Gross			
Exclude 25% from Social Security Gross			
Net (75% of Social Security Gross)			
Wages and Salary			
Self-Employment Income			
Survivors Benefits			
Pension/Retirement Income			
Interest Income			
Dividends			
Rents/Royalties/Estates and Trusts			
Educational Assistance			
Alimony			
Financial Assistance from Outside the Household			
Other Income			

SCSEP Participant Application (cont.)

ENROLLMENT PRIORITY

Do any of the following items apply to you?

- Are you a veteran or "qualified" spouse of a veteran (MIN)
- Are you age 65 or older
- Are you Homeless or at risk of being homeless(MIN)
- Do you reside in a rural area(MIN)
- Do you consider yourself a person with a disability(MIN)
- Do you have limited English proficiency (LEP)(MIN)
- Do you consider your reading, writing and speaking abilities to be above the 8th grade education level? (MIN)
- Do you have what you consider to be a barrier to obtaining employment?(MIN) Describe this barrier(s):

- Have you been assigned a case manager at the local workforce investment services program (One Stop) and failed to find employment after using their services? (MIN)

MOST-IN-NEED CHARACTERISTICS

(All of the following items will require documentation at the time of enrollment)

- Do you consider yourself a person with a severe disability, meaning do you have a severe, chronic disability attributable to mental or physical impairment that is likely to continue indefinitely or result in substantial function limitation in three major life activities?
- Are you unable to perform at least two activities of daily living without prompting or verbal cueing? (Frail)
- Are you age 75 or older?
- Are you old enough for Social Security retirement but not receiving it?
- Do you have at least two or more barriers to obtaining employment? And, does the person live in an area of persistent unemployment (check with DOL for qualified counties?)

7. What kind of employment are you looking for? (Please list 3 positions)

PLEASE LIST YOUR MOST RECENT EMPLOYMENT EXPERIENCES

Company / Organization: _____

Address: _____

Position / Job Title: _____

Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

Company / Organization: _____

Address: _____

Position / Job Title: _____

Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

8. Do you have a resume? Yes "No



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MOST RECENT EMPLOYMENT EXPERIENCES (Continued)

Company / Organization: _____
 Address: _____
 Position / Job Title: _____
 Supervisor's Name: _____
 Duties & Responsibilities: _____

 Reason for Leaving: _____

Company / Organization: _____
 Address: _____
 Position / Job Title: _____
 Supervisor's Name: _____
 Duties & Responsibilities: _____

 Reason for Leaving: _____

Company / Organization: _____
 Address: _____
 Position / Job Title: _____
 Supervisor's Name: _____
 Duties & Responsibilities: _____

 Reason for Leaving: _____

Company / Organization: _____
 Address: _____
 Position / Job Title: _____
 Supervisor's Name: _____
 Duties & Responsibilities: _____

 Reason for Leaving: _____
