SCSEP Participant Form

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

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(Revised July 2012; replaces prior versions)

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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
   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  
11. Arabic  
12. Armenian  
13. Bosnian  
14. Cantonese (Yue)  
15. French  
16. French Creole  
17. German  
18. Greek  
19. Gujarathi  
20. Hebrew  
21. Hindi  
22. Miao (Hmong)  
23. Italian  
24. Hungarian  
25. Ilocano  
26. Japanese  
27. Korean  
28. Laotian  
29. Mandarin  
30. Mon-Khmer (Cambodian)  
31. Navajo  
32. Persian (including Dari)  
33. Polish  
34. Portuguese  
35. Punjabi  
36. Russian  
37. Samoan  
38. Serbo-Croatian  
39. Somali  
40. Spanish  
41. Tagalog  
42. Thai  
43. Urdu  
44. Vietnamese  
45. Yiddish  
46. Other_____

24. Low literacy skills?  □ Yes  □ No

25. Veteran (or eligible spouse of veteran)?


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 _______

| 3. Community and Social Services                 | 10. Legal                       | 17. Retail, Sales, and Related           |
| 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.