The North Carolina Senior Community Service Employment Program

Transitional IEP/Assessment

Participant’s Name: ___________________________ Date: ____________

Interviewer Name: ____________________________ Date: ____________

On _________________________ you will reach your durational limit. We will work diligently to assist you with the transition out of SCSEP by providing referrals for any needed support and services.

1. Supportive services needed (and referrals to be made) to transition out of SCSEP

When the necessary support services are outside of the scope of SCSEP services, participants will be referred to trusted community partners. Participants will be introduced to a contact person at the community agency, and SCSEP personnel will coordinate the initial meeting between the participant and agency staff. SCSEP team members will monitor participant progress after referrals are provided to ensure that they take advantage of the stabilizing resources available to them.

- Food Stamp Referral
- Food Bank
- Clothing Assistance
- Healthcare Assistance
- Substance Abuse
- Vocational Rehabilitation
- Financial Education
- Volunteer Referral
- Subsidized Housing
- Domestic Violence Services
- Energy Assistance
- Veterans Services
- Transportation Assistance
- ESL
- Basic Computer Skills
- Adult Literacy/GED
- Other (describe below)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

2. Enter Supportive service Transitional IEP/Assessment information

<table>
<thead>
<tr>
<th>Supportive Services/or Referral</th>
<th>Action/Assignment/Activity</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Date Completed</th>
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3. Community Participation – Enhanced Services

Transitioning participants are encouraged to use the services at local senior centers, not only to obtain meals, nutritional counseling, exercise, health screenings, and other services, but also as an opportunity to establish new socialization experiences. Other services can be providing graduation/celebration for participant, along with copies of resume and a list of training sites. Once a participant transitions out of SCSEP, volunteering at Retired Volunteer Program, Senior Corps, Foster Grandparents, and youth mentoring programs allow participant to become active in their communities. Carry over any goals from previous IEP/Assessment update that participant has identified as a current goal.

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<th>Skill to be developed</th>
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I have assisted in completing this Individual Transitional IEP/Assessment, and I agree with the goals and actions listed in it. I am aware of my responsibility to continue to seek unsubsidized employment if this is my goal. I have received a copy of this Transitional IEP/Assessment.

Participant’s signature: ___________________________ Date: _______________

I certify that this Individual Employment Plan was completed with the participation of the Participant.

Signature of SCSEP Staff: ___________________________ Date: _______________