

SCSEP Participant Form

OMB Approval Number: 1205-0040

Expiration Date: 10/31/10

Sub-grantee _____ Local Site _____ Case Worker _____

Participant Information

1. Last name _____ 2. First name _____

3. Middle initial _____ 4. Social Security # _____

4a. Participant ID _____ 5. Home 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)

- | | |
|---|---|
| <input type="checkbox"/> a. No | <input type="checkbox"/> b. Supplemental Security Income (SSI) |
| <input type="checkbox"/> c. TANF | <input type="checkbox"/> d. State or local welfare (General Assistance) |
| <input type="checkbox"/> e. Food Stamps | <input type="checkbox"/> f. Subsidized housing |
| <input type="checkbox"/> g. Social Security Disability (SSDI) | <input type="checkbox"/> h. Other (specify) _____ |

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reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

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13. Employed prior to participation?

- i. Employed ii. Employed, but with notice of termination iii. Not employed

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 degree
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.

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23. If LEP, please specify primary language _____ (Select one code from following list)

- | | | | |
|---------------------|------------------|------------------------------|-----------------|
| 10. Amharic | 20. Hebrew | 30. Mon-Khmer (Cambodian) | 40. Spanish |
| 11. Arabic | 21. Hindi | 31. Navajo | 41. Tagalog |
| 12. Armenian | 22. Miao (Hmong) | 32. Persian (including Dari) | 42. Thai |
| 13. Bosnian | 23. Italian | 33. Polish | 43. Urdu |
| 14. Cantonese (Yue) | 24. Hungarian | 34. Portuguese | 44. Vietnamese |
| 15. French | 25. Ilocano | 35. Punjabi | 45. Yiddish |
| 16. French Creole | 26. Japanese | 36. Russian | 46. Other _____ |
| 17. German | 27. Korean | 37. Samoan | _____ |
| 18. Greek | 28. Laotian | 38. Serbo-Croatian | |
| 19. Gujarathi | 29. Mandarin | 39. Somali | |

24. Low literacy skills? Yes No

25. Veteran (or eligible spouse of veteran)?

a. Veteran b. Eligible spouse of veteran c. Non-covered person

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

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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)

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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

38a. Recovery Act (ARRA) enrollment? Yes No

38b. Date moved to regular program _____ (MM/DD/YYYY)

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)

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40d. Job interest codes: 1 _____ 2 _____ 3 _____

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	

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

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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

58. Recertification/waiver comments

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