

# SCSEP Participant Form

OMB Approval Number: 1205-0040

Expiration Date: 12/31/2018

## 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
- (specify) \_\_\_\_\_

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average twelve (12) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

ETA-9120  
(Rev. 11/1/2018)

## SCSEP Participant Form

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

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

18=master's degree

22. Limited English Proficiency (LEP)    ☐ Yes    ☐ No

\*No data entry in SPARQ. Field is system-generated.

## SCSEP Participant Form

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  
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

## SCSEP Participant Form

### *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

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33. Date of signing

\_\_\_\_\_ (MM/DD/YYYY)

# SCSEP Participant Form

## 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)

## SCSEP Participant Form

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)

## SCSEP Participant Form

### 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)

# SCSEP Participant Form

## 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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\*No data entry in SPARQ. Field is system-generated.