



AMERICAN INDIAN CENTER OF ARKANSAS

400 West Capitol Ave, Ste. 1391 Little Rock, Arkansas 72201
(501) 666-9032 Fax (501) 666-5875 (800) 441-4513
www.AICAgO.org

Dear SCSEP Applicant,

Thank you for your interest in the Senior Community Service Employment Program (SCSEP). SCSEP is a part-time program for all low-income persons aged 55 and over who have poor employment prospects.

- Program participants receive: Paid training-20 hours a week at \$11.00/hr.
- Assistance with job search
- Assistance with developing new skills
- Opportunity to establish current work history
- Supportive services for job placement needs. (Case by case basis).

Enclosed you will find a 4 page SCSEP application and questionnaire.

Please return the following with your application :

- Current years income documentation for **everyone** in your household.
(Social Security statement, retirement statement, etc.)
- A copy of your Social Security Card
- A copy of your Photo ID (Driver's License, State issued ID, etc)

If you have questions or concerns, please feel free to contact our office.

Best Regards,

Andrea Singleton
Dept. of Labor Grants Coordinator
Asingleton@AICAgO.org

SCSEP PARTICIPANT APPLICATION

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)

10. Adequate Connectivity (Internet access) Yes No

11. Adequate Device (laptop or smart phone) Yes No

Eligibility Information

10. Date of birth _____ (MM/DD/YYYY)

11. Number in family _____

12. Receiving public assistance? (Circle 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 _____ |

Unemployment Compensation claim Yes No

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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

1-11 years of school

A11=completed 12 years of school but no HS diploma

12=HS diploma

88=GED or certificate of equivalency for HS

13-15 years of school completed (1-3 years of college)

16=BA/BS or equivalent

17=education beyond a bachelor's degree

18=master's degree

19=doctoral degree

21=vocational/technical degree

22=associate's degree

22. Low Literacy Skills Yes No

22. Limited English Proficiency (LEP)
(English is not your primary language) Yes No

SCSEP Participant Application

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 | |

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

30a. Formerly incarcerated? Yes No

30b. Ex offender Yes No

Greatest Social Need Yes No

Other Significant Barrier to Employment Yes No

Low Income Status at Program Entry Yes No

Personal characteristics comments

SCSEP Participant Application

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)

