

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.AlCAgo.org

Dear SCSEP Applicant,

Thank you for your interest in the Senior Community Service Employment Program (SCSEP). SCSEP is a parttime 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 5 page SCSEP application and questionnaire.

Please return the following with your application:

- Current year's 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)
- Proof of residency, such as a utility bill.
- INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

Best Regards,

Shawna Anderson SCSEP Director

Sanderson@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. Referred by	
7. Mailing address	,
a. Number and Street, Apt. Number	; or PO Box
b, City	c. State
d, ZIP Code	e. County
8. Participant's e-mail address	
Phone number:	
	ailing address
11.Homeless Yes] No 8a. Urban/rural 🔲 Urban 🔲 Rural
12. Application date for enrollment 13. Adequate Connectivity (Internet 14. Adequate Device (laptop or sm	
10. Date of birth	bility Information (MM/DD/YYYY)
11. Number in family	Chale as many as suntra
12. Receiving public assistance? (
a. Noc. TANFe. Suppl. Nutrition Assistance (SNAg. Social Security Disability (SSDI)	
Unemployment Compensation claim	ı Yes No

SCSEP PARTICIPANT APPLICATION

Employed prior to participation? [] i. Employed [] ii. Employed, but wi	th notice of te	ermination [] iii. Not employed
13. Total includable family income (12-m \$	onth or 6-mo	nth annualized)	1
14. Family income at or below 100% of poverty level?			s 🔲 No
15. Formerly a participant in any SCSEP I	☐ Yes	s 🔲 No	
16. *Transferred from another project? If yes, specify prior grantee code Date of transfer	☐ Yes	No No	
17a. *Change of sub-grantee? If yes, specify prior sub-grantee code Date of change	N	Yes	No
Other Personal Chara	cteristics an	d Information	
17. Gender Male Female	Did not vol	untarily report	
18. Ethnicity: Hispanic, Latino, or Spanisl	origin?		
☐ Yes ☐ No ☐] Did not vol	untarily report	
19. Race (Check as many as apply)			
a. American Indian or Alaskan Native c. Black, African American e. White	☐ b. A ☐ d. N ☐ f. Di		/Pacific Islander ly report
20. Education last grade complete	ed (Select or	e code from fo	llowing 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
21. Low Literacy Skills	☐ Yes	□ No	
22. Limited English Proficiency (LBP)			

SCSEP Participant Application

23. If LEP, please s	pecify primary langu	age(Select one code fro	m 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
 French Creole German 	26. Japanese 27. Korean	36. Russian 37. Samoan	46. Other
18. Greek	28. Laotian	38. Serbo-Croatian	
19. Gujarathi	29. Mandarin	39. Somali	
a. Veteran	ible spouse of veteran b. Bligible spouse of t-9/11 era veteran?		person
26 Disability			
26. Disability?	r	~1.,	
Yes, self-report Yes, documentati	<u>. </u>	No	
res, documentati	on [Did not voluntarily report	
27. At risk of homel	essness? Ye	s 🔲 No	
28. Displaced homes	naker? Ye	s 🗌 No	
29. Failed to find en	ployment after using	WIA Title I? Yes	□ No
30. Low employmen	t prospects?	Yes No	
30a. Formerly incarce	erated? Yes	☐ No	
30b. Ex offender	Yes	□No	
Greatest Social Need	Yes	☐ No	
Other Significant Barr Low Income Status at		☐ Yes ☐ No Yes ☐ No	
Personal characteristic	es 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)

AR SCSEP IEP Questionnaire

1)	Tall	me a	little	about	yourself.
	YOU	TITA (ALCOID.	NUVHV	A A HAHAYA

2) What is your employment goal?

- 3) What new skills would you like to learn that would make you successful in achieving your employment goal?
- 4) Is there anything preventing you from finding your dream job right now?