

# Participant Form

## Participant Information

1. \*Last name \_\_\_\_\_ 2. \* First name \_\_\_\_\_
3. \*Middle initial \_\_\_\_\_ 4. Social Security # \_\_\_\_\_
5. \*Home phone number (\_\_\_\_\_) \_\_\_\_\_
6. \*Mailing address
- \_\_\_\_\_
- a. Number and street, apt. number; or PO Box
- \_\_\_\_\_
- b. City
- \_\_\_\_\_
- c. County
- \_\_\_\_\_
- d. State
- \_\_\_\_\_
- e. ZIP code
7. \*State of residence if different from mailing address \_\_\_\_\_
8. \*Homeless  Yes  No
9. \*Application date \_\_\_\_\_ (MM/DD/YYYY)

## Eligibility Information

10. \*Date of birth \_\_\_\_\_ (MM/DD/YYYY) 11. \*Number in family \_\_\_\_\_
12. \*Individual receiving public assistance? (Check as many as apply)
- |   |   |
|---|---|
| <input type="checkbox"/> a. No                    | <input type="checkbox"/> b. 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. Other (specify) _____ |   |
13. Employed prior to registration?  Yes  No
14. Family income
- a. Total enrollee wages for quarter before participation \$ \_\_\_\_\_
- b. \*Total includable family income for last six months, annualized \$ \_\_\_\_\_
- c. \*Total includable family income for last 12 months \$ \_\_\_\_\_
15. Family income at or below 100% of poverty level?  Yes  No

\* Designates a field that must be completed for all applicants, regardless of eligibility

## Participant Form

16. \*Formerly a participant in any SCSEP project?  Yes  No

17. Date of last recertification \_\_\_\_\_(MM/DD/YYYY)

**IF Eligible, Other Personal Characteristics and Information**  
**If Ineligible, Skip to Number 32.**

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. Other

g. 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 college completed

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

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

10-Albanian

18-French (Creole)

26-Laotian-Hmong

34-Russian

11-Arabic

19-French (Parisian)

27-Laotian

35-Spanish

12-Armenian

20-German

28-Lebanese

36-Syrian

13-Cambodian

21-Greek

29-Persian

37-Ukrainian

14-Chinese (Cantonese)

22-Haitian Creole

30-Philippino

38-Yugoslavian

15-Czechoslovakian

23-Hindi (India)

31-Polish

39-Vietnamese

16-Ethiopian

24-Italian

32-Portuguese

40-Other

17-French (Canadian)

25-Korean

33-Romanian

24. Literacy skills deficient?  Yes  No

25. Veteran (or spouse of veteran)?  Yes  No

26. Disability?  Yes  No  Did not voluntarily report

27. Cultural, social, or geographic isolation?  Yes  No

28. Displaced homemaker?  Yes  No

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29. Other social barriers?  Yes  No

If yes, specify \_\_\_\_\_

30. Poor employment history or prospects?  Yes  No

31. Personal characteristics comments

### ***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)

# Participant Form

## Eligibility Determination

34. \*  Eligible  Ineligible

35. \*If Ineligible, reason (Check only one)

- 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 \_\_\_\_\_

40. Co-enrollments? (Check as many as apply)

- a. WIA  b. Employment Service  c. Adult Education  
 d. College/Community College  
 e. Section 502(e) with this project  
 f. Section 502(e) with another project \_\_\_\_\_ (specify)  
 g. Other (specify) \_\_\_\_\_  
 h. None

41. Enrollment comments

42. \*Signature of director or authorized representative \_\_\_\_\_

43. \*Date of eligibility determination \_\_\_\_\_ (MM/DD/YYYY)

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## Other Case Management Information

\* Designates a field that must be completed for all applicants,  
regardless of eligibility