



ADVANCING WORKFORCE
DEVELOPMENT FOR
MATURE WORKERS
SINCE 1983

Senior Community Service Employment Program (SCSEP)

SCSEP is currently accepting waiting list applications.

How does the SCSEP work?

The purpose of the SCSEP is to offer a “stepping stone” back into the workforce. Funded under Title V of the Older Americans Act, the SCSEP helps people find employment by providing paid training assignments and job search assistance.

To be eligible for this program:

- ✓ Be willing to participate in occupational skills training and receive job search assistance
- ✓ Be 55 or older
- ✓ Be currently unemployed
- ✓ Have a household income that does not exceed program requirements

As a participant you will:

- ✓ Improve your skills through an **internship** - Train at a non-profit organization or a public agency where you will have an opportunity to refresh and learn new skills in a real world environment. During this time you will be paid minimum wage for 20 hours per week and may qualify for additional training.
- ✓ Improve your **job search skills** and receive assistance with **connecting to employers**. Staff will work with you to improve your job search skills and help you find a job. You will have access to workshops (e.g. resume writing and computer classes)

The SCSEP will help you develop a customized Employment Plan to assist you with the goal of getting a job. Participants are **required** to attend training classes, workshops, actively participate job in a search to help increase their occupational and job search skills.

This workforce solution is funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The Department of Labor makes no guarantees, warranties, or assurances of any kind, expressed or implied, with respect to such information.

SCSEP Program Waiting List Application

Please Provide All Requested Information
 Application will not be accepted if all questions are not answered.
 To submit: Fax to 1-800-901-1531 or scan via email to apply@a4td.org

Personal Information

Today's Date:	Last Name:	First Name:
Street Address:	City	State and Zip Code:
Home Phone Number:	Cell Phone Number: (Write N/A if no phone)	Email Address:
County of Residence:		

Program Eligibility

Are you unemployed? If yes, for how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No How Long:	Are you 55 or older? If yes, please check the box that describes your age range.	<input type="checkbox"/> Yes <input type="checkbox"/> 55-59 <input type="checkbox"/> No <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75 & over
Did you or your spouse serve as an active member in the U.S. military, naval, or air service and was discharged or released from such service under conditions other than dishonorable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you participated in the SCSEP Program in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Eligibility

The information below should be used as a guide to see if your income meets the eligibility requirements.	
Size of Family	Maximum Allowed Family Income (what is counted)
1	\$15,613
2	\$21,138
3	\$26,633
4	\$32,188
5	\$37,713

Sources of Income – Check any boxes that apply and give total income that is counted

<p style="text-align: center;"><u>What is counted as income:</u></p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Pensions 2. <input type="checkbox"/> Interest for IRA and other retirement accounts 3. <input type="checkbox"/> Wages from an employer 4. <input type="checkbox"/> 75% of Social Security Retirement Benefits 5. <input type="checkbox"/> Alimony 6. <input type="checkbox"/> Rents, estates and trusts <p>Total annual counted income: \$</p>	<p style="text-align: center;"><u>What is not counted as income:</u></p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Unemployment Compensation 2. <input type="checkbox"/> Social Security Disability 3. <input type="checkbox"/> SSI payments through Social Security 4. <input type="checkbox"/> State assistance, i.e. Food Stamps, SAGA medical / Cash 5. <input type="checkbox"/> Subsidized housing
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Employment and Training

Desired Occupational Goal

<input type="checkbox"/> Customer Service	<input type="checkbox"/> Food Preparation & Serving Related	<input type="checkbox"/> Retail, Sales, & Related
<input type="checkbox"/> Personal Care & Service	<input type="checkbox"/> Healthcare Support (e.g. CNA, Patient Tech)	<input type="checkbox"/> Office & Administrative Support

What type of training do you need to get a job in the industry you want?

The classroom training that would satisfy my needs includes:

Amount Time You Will Need for Occupational Skills Training

<input type="checkbox"/> Over 1 month up to and including 3 months	<input type="checkbox"/> Over 6 months up to and including 1 year
<input type="checkbox"/> Over 3 months up to and including 6 months	<input type="checkbox"/> Over 1 year

Miscellaneous

Are you looking for FT or PT work	<input type="checkbox"/> FT <input type="checkbox"/> PT	What is your primary source of transportation?	<input type="checkbox"/> Private <input type="checkbox"/> Public - Source is: <input type="checkbox"/> Walk <input type="checkbox"/> Other:
What is your highest level of education? If college, degree studied?		What is your computer skill level?	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Proficient
How would you describe your math skills?	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	How would you describe your writing skills?	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
So we can best satisfy your needs, please tell us if you are homeless or at risk of homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please identify other agencies you are currently receiving services from	<input type="checkbox"/> Workforce Investment Act (WIA) <input type="checkbox"/> Department of Labor <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Adult Education

Employment History

Employment History – last 10 years

Employer's Name	Job Title	Start Date	End Date	City, State

How did you hear about us?

<input type="checkbox"/> Department of Labor referral <input type="checkbox"/> Referral from another agency <input type="checkbox"/> Current / past participant <input type="checkbox"/> Newsletter <input type="checkbox"/> TV or radio broadcast <input type="checkbox"/> Printed advertisement <input type="checkbox"/> Other
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Thank you for your interest!