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 return to your local A4TD office.

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?
☐ Yes ☐ No
How Long: ___________

Are you 55 or older? If yes, please check the box that describes your age range.
☐ Yes ☐ No
☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 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?
☐ Yes ☐ No

Have you participated in the SCSEP Program in the past?
☐ Yes ☐ No

Income Eligibility

The information below should be used as a guide to see if your income meets the eligibility requirements.

<table>
<thead>
<tr>
<th>Size of Family</th>
<th>Maximum Allowed Family Income (what is counted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,988</td>
</tr>
<tr>
<td>2</td>
<td>$22,888</td>
</tr>
<tr>
<td>3</td>
<td>$28,788</td>
</tr>
<tr>
<td>4</td>
<td>$34,688</td>
</tr>
<tr>
<td>5</td>
<td>$40,588</td>
</tr>
</tbody>
</table>

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

What is counted as income:
1. ☐ Pensions
2. ☐ Interest for IRA and other retirement accounts
3. ☐ Wages from an employer
4. ☐ 75% of Social Security Retirement Benefits
5. ☐ Alimony
6. ☐ Rents, estates and trusts

Total annual counted income: $

What is not counted as income:
1. ☐ Unemployment Compensation
2. ☐ Social Security Disability
3. ☐ SSI payments through Social Security
4. ☐ State assistance, i.e. Food Stamps, SAGA medical / Cash
5. ☐ Subsidized housing
### Employment and Training

#### Desired Occupational Goal

<table>
<thead>
<tr>
<th></th>
<th>Customer Service</th>
<th>Food Preparation &amp; Serving Related</th>
<th>Retail, Sales, &amp; Related</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal Care &amp; Service</td>
<td>Healthcare Support (e.g. CNA, Patient Tech)</td>
<td>Office &amp; Administrative Support</td>
</tr>
</tbody>
</table>

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

- [ ] Over 1 month up to and including 3 months
- [ ] Over 3 months up to and including 6 months
- [ ] Over 6 months up to and including 1 year
- [ ] Over 1 year

#### Miscellaneous

<table>
<thead>
<tr>
<th>Are you looking for FT or PT work</th>
<th>FT</th>
<th>PT</th>
<th>What is your primary source of transportation?</th>
<th>Private</th>
<th>Public</th>
<th>- Source is:</th>
<th>Walk</th>
<th>Other:</th>
</tr>
</thead>
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<tr>
<th>What is your highest level of education? If college, degree studied?</th>
<th></th>
<th>What is your computer skill level?</th>
<th>Basic</th>
<th>Intermediate</th>
<th>Proficient</th>
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<tr>
<th>How would you describe your math skills?</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
<th>How would you describe your writing skills?</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

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<tr>
<th>So we can best satisfy your needs, please tell us if you are homeless or at risk of homelessness</th>
<th>Yes</th>
<th>No</th>
<th>Please identify other agencies you are currently receiving services from</th>
<th>Workforce Investment Act (WIA)</th>
<th>Department of Labor</th>
<th>Vocational Rehabilitation</th>
<th>Adult Education</th>
</tr>
</thead>
</table>

#### Employment History

**Employment History – last 10 years**

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Job Title</th>
<th>Start Date</th>
<th>End Date</th>
<th>City, State</th>
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#### How did you hear about us?

- [ ] Department of Labor referral
- [ ] Referral from another agency
- [ ] Current / past participant
- [ ] Newsletter
- [ ] TV or radio broadcast
- [ ] Printed advertisement
- [ ] Other

Thank you for your interest!