

SCSEP Participant Form

OMB Approval Number: 1205-0040

Expiration Date: 8/31/2018

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)

Eligibility Information

10. Date of birth _____ (MM/DD/YYYY) 11. Number in family _____

12. Receiving public assistance? (Check as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> a. No | <input type="checkbox"/> b. Supplemental Security Income (SSI) |
| <input type="checkbox"/> c. TANF | <input type="checkbox"/> d. State or local welfare (General Assistance) |
| <input type="checkbox"/> e. Suppl. Nutrition Assistance (SNAP) | <input type="checkbox"/> f. Subsidized housing |
| <input type="checkbox"/> g. Social Security Disability (SSDI) | <input type="checkbox"/> h. Other |
- (specify) _____

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average twelve (12) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

ETA-9120
(Rev. 8/11/2015)

SCSEP Participant Form

13. Employed prior to participation?
 i. Employed ii. Employed, but with notice of termination iii. Not employed

13a. Did applicant engage in volunteer work prior to participation? Yes No
If yes, total number of volunteer activities _____

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	88=GED or certificate of equivalency for HS	19=doctoral degree
1-11 years of school	13-15 years of school completed (1-3 years of college)	21=vocational/technical degree
A11=completed 12 years of school but no HS diploma	16=BA/BS or equivalent	22=associate's degree
12=HS diploma	17=education beyond a bachelor's degree	
	18=master's degree	

22. Limited English Proficiency (LEP) Yes No

*No data entry in SPARQ. Field is system-generated.

SCSEP Participant Form

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 | |

24. Low literacy skills? Yes No

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

31. Personal characteristics comments

SCSEP Participant Form

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)