



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

TRAINING SITE APPLICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 155 (8-2023)

Name of Agency			
Address	City	State	ZIP Code
Name of Contact Person	Title of Contact Person		
Telephone Number	Email Address		

If training is taking place at a different location and/or with a different supervisor, please provide name address & telephone for that training location.

Name of Agency			
Address	City	State	ZIP Code
Name of Contact Person	Title of Contact Person		
Telephone Number	Email Address		

Type of Agency
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> Municipal Government
<input type="checkbox"/> Non-profit organization that is tax exempt under 501c3 of the Internal Revenue Code of 1954 (Attach copy of I.R.S. determination letter of 501c3 status.)

Purpose of Organization

Briefly describe the organization's purpose and target population:
What types of training/tasks would the organization offer a participant? What types of tasks do you not currently have the capacity to provide that a SCSEP participant could do?
Title of Training Position

Employment

Will the agency be able to employ the participant upon successful completion of training?
<input type="checkbox"/> Yes, if funding is available. <input type="checkbox"/> No, there is not a reasonable expectation that funding will be available.
If no, what will the agency do to help the participant obtain employment?

Name of Authorized Agency Representative	Title of Authorized Agency Representative
Signature of Authorized Agency Representative	Date