



# SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

## FAMILY SIZE THIRD PARTY ATTESTATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 217 (1-2023)

**This form must be signed and completed by someone other than the applicant/participant.**

**APPLICANT(S)/PARTICIPANT(S) AND PEOPLE LIVING WITH APPLICANT(S)/PARTICIPANT(S) ARE NOT ALLOWED TO SELF-ATTEST THEIR FAMILY SIZE.**

Name of Applicant/Participant

Name of Attesting Individual

I, certify the above-named applicant/participant has \_\_\_\_\_ people living with him/her as part of his/her family  
(number of people not counting the applicant/participant).

Provide specific information about any individuals living with the applicant/participant and an explanation of how you are in a knowledgeable position to attest to the fact(s) you provided.

Name	Age	Relationship to Applicant/Participant

Explain how you are knowledgeable of the applicant's/participant's family size

***The signature below cannot be of the SCSEP applicant/participant or an individual living with them.***

Attesting Individual's Signature

Date