



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SELF-ATTESTATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 222 (3-2023)

Date	Name
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I, the above-named, certify or attest to the following:

UNEMPLOYED PRIOR TO PARTICIPATION

☐ I am not employed, check all that apply:

- ☐ I do not do any work at all as a paid employee, **and**
- ☐ I do not do any work at all in my own business, profession, or farm **and**
- ☐ I do not work 15 hours or more as an unpaid worker in an enterprise operated by a member of my family, **and**
- ☐ I do not have a job or business from which I was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons.

Date of Last Employment

HOMELESS ☐ N/A

☐ I am homeless, that is:

I lack a fixed, regular, and adequate nighttime residence OR I have a primary nighttime residence that is:

- ☐ a supervised, publicly, or privately operated shelter designed to provide temporary living accommodations, this includes welfare hotels, congregate shelters, and transitional housing.

Name of Shelter

- ☐ an institution that provides a temporary residence for individuals intended to be institutionalized

Name of Institution

- ☐ another public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a car, park, camping ground, etc.

Specify Place

AT RISK OF HOMELESSNESS ☐ N/A

☐ I am at risk of homelessness, that is:

The specific conditions which place me at real and imminent risk of homelessness are:

- ☐ My rent/mortgage is unpaid or overdue
- ☐ My real estate taxes are unpaid or overdue
- ☐ I have involuntarily moved several times in the last year
- ☐ I frequently have unpaid or overdue electric, gas, or water bills
- ☐ I have been evicted from a residence in the last 12 months
- ☐ My credit history or background disqualifies me from most rental/lease agreements
- ☐ Other specific conditions which place me at risk of homelessness (specify below)
- ☐ I often borrow to pay my rent/mortgage
- ☐ I am temporarily sharing space with a family member or friend
- ☐ I cannot pay my rent/mortgage most months
- ☐ I have lived in a shelter during the past 12 months

LIMITED ENGLISH PROFICIENCY ☐ N/A

☐ **I have limited English proficiency, that is:**

1. I do not speak English as my primary language **and**
2. I have a limited ability to read, speak, write, or understand English

My Primary Language Is

LOW LITERACY SKILLS ☐ N/A

☐ **I have low literacy skills, that is:**

- ☐ I compute or solve problems, read, write, or speak at or below the 8th grade level **or**
- ☐ I am unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in my family or in society

VETERAN OR SPOUSE OF A VETERAN ☐ N/A

☐ **I am a veteran, or a spouse of a veteran, as defined by one of the following statements.**

- ☐ I served in the active Military and was discharged or released from such service under conditions other than dishonorable

Name of Branch of Military

or

- ☐ I was on full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes, and was released from such duty with other than dishonorable discharge **or**
- ☐ I am the **spouse** of a person who died on active duty or of a service-connected disability **or**
- ☐ I am the **spouse** of a member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed in one or more of the following:
 - ☐ Missing in action
 - ☐ Captured in the line of duty by a hostile force **or**
 - ☐ Forcibly detained/interned in the line of duty by a foreign government or power **or**
- ☐ I am the **spouse** of a person who has total disability, permanent in nature, resulting from a service-connected disability as determined by the VA **or**
- ☐ I am the **spouse** of a veteran who died while a disability so evaluated was in existence

Additionally, I attest that I or my spouse served and was discharged from active duty as defined above on this date

FAILED TO FIND EMPLOYMENT AFTER USING WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TITLE 1

☐ N/A

I have been unable to find employment after last being enrolled in WIOA Title I services on this date (mm/dd/yyyy)

I have not been employed since this date (mm/dd/yyyy)

LOW EMPLOYMENT PROSPECTS ☐ N/A

☐ **I have a significant barrier to employment as described below:**

Check all conditions below which apply to you. (Additional information explaining why your situation could be considered a significant barrier to potential employment must be included along with the identification of the condition.)

☐ I lack a substantial employment history as described below:

☐ I lack a high school diploma or the equivalent as described below:

☐ I have a disability (Requires additional higher-level documentation. See the SCSEP Data Validation Handbook Instructions for element P26)

☐ I am homeless (Further information required on the attestation for element)

☐ I have other significant barrier(s), as described below:

FORMERLY INCARCERATED ☐ N/A

☐ **I certify that I am formerly incarcerated as defined by either of the following statements:**

☐ I was incarcerated and released from prison or jail

Name and Location of the Facility

Date of Release from Incarceration

OR

☐ I was under supervision

Name and Location of the Supervision Agency

Date of Release from Supervision

SEVERELY LIMITED EMPLOYMENT PROSPECTS ☐ N/A

☐ **I have at least two significant barriers to employment as described below:**

Check all conditions below that apply to you. Additional information explaining why your situation could be considered a significant barrier to potential employment must be included along with the identification of the condition.

☐ I lack a substantial employment as described below:

☐ I lack a high school diploma or the equivalent

☐ I have a disability (Requires additional higher-level documentation)

☐ I am homeless (Further information required)

☐ I have other significant barrier(s) as listed below:

NO INCOME ☐ N/A

My "family income" (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children, if applicable) was zero for the past

☐ Six Months ☐ Twelve Months

I have supported myself during this period of time as follows:

This signature applies to any of the above certifications/attestations.

Signature of Applicant/Participant	Date
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