

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) PRE - APPLICATION QUESTIONNAIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES VOCATIONAL REHABILITATION SFN 242 (8-2023)

The Senior Community Service Employment Program offers part-time paid work experience training in community agencies for older individuals who have limited incomes. Eligibility is based on age, total family income, and unemployment status.

Please complete the following questionnaire and return it to either your Vocational Rehabilitation office or SCSEP Program Administrator. This information will be used to determine program eligibility. We will contact you with the determination made. If you are eligible, we will complete an application. You will be required to provide documentation of age, and total family income. All information will be kept confidential.

Name (Last, First, Middle Initial)				Phone Number		
Address		City		State	te ZIP Code	
Do you have an email address? If Yes, Include Email Address? Yes No		ress		Date of E	 3irth	Age
Are you or your spouse a Veteran?	How many persons are in your household (including yourself)?					
Estimated Total Annual Family Income		Are you disabled?				
Do you receive any payments from pu	iblic assistance (SSI, other) or disability income (SSDI)?				
Are you or have you been justice invo	lved in the last five years?					
Is your ability to speak or write in Engl	If yes, do you need an interpreter	r?				
Are you currently homeless or at risk o	of homelessness (late in re	nt or mortgage payments)?	/e you wo]Yes	orked in tl	ne last 6 moi	nths?
Have you registered and failed to find	employment through a On	e-Stop Career Center (ND Job Ser	rvice, etc	:.)?		
Transportation	nsportation None	Other (specify):				
Notes						