



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) APPLICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 1842 (4-2024)

* In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number on this form is voluntary. They are not disclosed to the public. The numbers are used to maintain accurate files. Therefore, while voluntary disclosure is requested, failure to do so will delay this application.

Application Start Date		Applicant/Participant Name		
Physical Street Address		City	State	ZIP Code
County		Location <input type="checkbox"/> Rural <input type="checkbox"/> Urban		
Mailing Address (if different from physical address)		City	State	ZIP Code
Primary Telephone Number	Cell Phone Number	Date of Birth		Social Security Number *
Email Address		Copy of Driver's License Received <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of Social Security Card Received <input type="checkbox"/> Yes <input type="checkbox"/> No		

☐ I give permission to contact the person below in case of Emergency

Emergency Contact Name	Relationship	Telephone Number
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Previously participated in any SCSEP (if in ND, possibly through Experience Works or NICOA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what state?
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Last Date of Paid Employment	OR	Employed but Received Notice of Termination or Military Separation Pending: Provide Expected Last Day of Employment: _____
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Number in Household

Total Includable Family Income	Total Income Calculated Used <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months	Is family income at or below 125% poverty level? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Receiving Public Assistance (check all that apply)

<input type="checkbox"/> No	<input type="checkbox"/> Social Security Disability (SSDI)	<input type="checkbox"/> State or Local Welfare (General Assistance)
<input type="checkbox"/> SNAP	<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment Compensation (If yes, documentation submitted): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (specify): _____		

Once placed, you will need to report training income to any benefits providers.

CHARACTERISTICS

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose
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Race (check all that apply)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Choose not to disclose
<input type="checkbox"/> Other (specify): _____		

Last Grade Completed

<input type="checkbox"/> No Grade School	<input type="checkbox"/> 1 year of college	<input type="checkbox"/> Education Beyond Bachelor's
<input type="checkbox"/> 1-11 Years (specify last grade completed): _____	<input type="checkbox"/> 2 years of college	<input type="checkbox"/> Master's
<input type="checkbox"/> 12 years, but no HS Diploma or Equivalency	<input type="checkbox"/> 3 years of college	<input type="checkbox"/> Doctoral
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Associate's	<input type="checkbox"/> Vocational/Technical
<input type="checkbox"/> High School Equivalency/GED	<input type="checkbox"/> Bachelor's	

Veteran's Status <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose	If yes, Eligible Veteran Status <input type="checkbox"/> Served less than 180 days <input type="checkbox"/> Eligible Veteran <input type="checkbox"/> Spouse of Veteran <input type="checkbox"/> Not Eligible
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Veteran, Post 9/11 Era <input type="checkbox"/> Yes <input type="checkbox"/> No
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Individual with a Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose (<input type="checkbox"/> Documented <input type="checkbox"/> Self-reported)		If yes, support documentation submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
Individual with a Severe Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose (<input type="checkbox"/> Documented <input type="checkbox"/> Self-reported)		If yes, severe disability support documentation submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
Frail <input type="checkbox"/> Yes <input type="checkbox"/> No	Old Enough but Not Receiving Social Security Title II (insufficient wage credits) <input type="checkbox"/> Yes <input type="checkbox"/> No																																										
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	At Risk of Homelessness <input type="checkbox"/> Yes <input type="checkbox"/> No	Failed to Find Employment after Using WIOA Title I <input type="checkbox"/> Yes <input type="checkbox"/> No	Low Literacy Skills <input type="checkbox"/> Yes <input type="checkbox"/> No																																								
Low Employment Prospects <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Severely Limited Employment Prospects: <input type="checkbox"/> Yes <input type="checkbox"/> No			Formerly Incarcerated <input type="checkbox"/> Yes <input type="checkbox"/> No																																								
Limited English Proficiency <input type="checkbox"/> Yes (specify primary language spoken): <input type="checkbox"/> No <table><tr><td><input type="checkbox"/> Amharic</td><td><input type="checkbox"/> Greek</td><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> Polish</td><td><input type="checkbox"/> Spanish</td></tr><tr><td><input type="checkbox"/> Arabic</td><td><input type="checkbox"/> Gujarathi</td><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Portuguese</td><td><input type="checkbox"/> Tagalog</td></tr><tr><td><input type="checkbox"/> Armenian</td><td><input type="checkbox"/> Hebrew</td><td><input type="checkbox"/> Laotian</td><td><input type="checkbox"/> Punjabi</td><td><input type="checkbox"/> Thai</td></tr><tr><td><input type="checkbox"/> Bosnian</td><td><input type="checkbox"/> Hindi</td><td><input type="checkbox"/> Mandarin</td><td><input type="checkbox"/> Russian</td><td><input type="checkbox"/> Urdu</td></tr><tr><td><input type="checkbox"/> Cantonese (Yue)</td><td><input type="checkbox"/> Miao (Hmong)</td><td><input type="checkbox"/> Mon-Khmer (Cambodian)</td><td><input type="checkbox"/> Samoan</td><td><input type="checkbox"/> Vietnamese</td></tr><tr><td><input type="checkbox"/> French</td><td><input type="checkbox"/> Italian</td><td><input type="checkbox"/> Navajo</td><td><input type="checkbox"/> Serbo-Croatian</td><td><input type="checkbox"/> Yiddish</td></tr><tr><td><input type="checkbox"/> French Creole</td><td><input type="checkbox"/> Hungarian</td><td><input type="checkbox"/> Persian (including Dari)</td><td><input type="checkbox"/> Somali</td><td><input type="checkbox"/> Other</td></tr><tr><td><input type="checkbox"/> German</td><td><input type="checkbox"/> Ilocano</td><td></td><td></td><td></td></tr></table>				<input type="checkbox"/> Amharic	<input type="checkbox"/> Greek	<input type="checkbox"/> Japanese	<input type="checkbox"/> Polish	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> Gujarathi	<input type="checkbox"/> Korean	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Armenian	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Laotian	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Thai	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Russian	<input type="checkbox"/> Urdu	<input type="checkbox"/> Cantonese (Yue)	<input type="checkbox"/> Miao (Hmong)	<input type="checkbox"/> Mon-Khmer (Cambodian)	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> French	<input type="checkbox"/> Italian	<input type="checkbox"/> Navajo	<input type="checkbox"/> Serbo-Croatian	<input type="checkbox"/> Yiddish	<input type="checkbox"/> French Creole	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Persian (including Dari)	<input type="checkbox"/> Somali	<input type="checkbox"/> Other	<input type="checkbox"/> German	<input type="checkbox"/> Ilocano			
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OTHER

Currently receiving services from ND Vocational Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Access to the internet at home is sufficient to engage in remote training or a remote assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Access to a computer, tablet, or other electronic device at home is sufficient to engage in remote training or a remote assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Volunteer Work in Last 30 Days <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Number of Organizations
Type of Paid or Volunteer Work Performed	
Type of Work Most Interested in Learning	
Type of Skills Most Interested In Learning	
How did you hear about us?	
Additional Comments	

CERTIFICATION

I certify that the information on this application and its supporting documents are accurate and complete. I understand and agree that misrepresentation or omission of facts represents grounds for elimination from consideration from SCSEP. I authorize SCSEP to investigate and verify all statements contained in this application and supporting materials.

Applicant/Participant Signature	Date
Witness Signature	Date

Documentation Needed (For SCSEP Staff Use Only)
