

SCSEP Participant Data Collection Sample Template

Participant Information

1. Last name _____
2. First name _____
3. Middle initial _____
4. Social Security # _____
- 4a. Participant ID _____
5. Home phone (____) _____
- 5a. Cell phone (____) _____
6. Mailing address

 a. Number and Street, Apt. Number; or PO Box

 b. City _____ c. State _____

 d. ZIP Code _____ e. County _____
- 6a. Participant's e-mail address _____
- 6b. Emergency contact: Name _____ Phone (____) _____
 Relationship _____
7. State of residence if different from mailing address _____
8. Homeless ☐ Yes ☐ No
- 8a. Urban/rural ☐ Urban ☐ Rural
9. Application date for enrollment or re-enrollment _____(MM/DD/YYYY)

Eligibility Information

10. Date of birth _____(MM/DD/YYYY)
11. Number in family _____
12. Receiving public assistance? (Check as many as apply)
☐ a. No ☐ b. Supplemental Security Income (SSI)
☐ c. TANF ☐ d. State or local welfare (General Assistance)
☐ e. Suppl. Nutrition Assistance (SNAP) ☐ f. Subsidized housing
☐ g. Social Security Disability (SSDI) ☐ h. Other
 (specify) _____
13. Employed prior to participation?
☐ i. Employed ☐ ii. Employed, but with notice of termination ☐ iii. Not employed
14. Total includable family income (12-month or 6-month annualized)
 \$ _____
15. Family income at or below 100% of poverty level? ☐ Yes ☐ No

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16. Formerly a participant in any SCSEP project? ☐ Yes ☐ No
17. Transferred from another project? ☐ Yes ☐ No
 If yes, specify prior grantee code _____
 Date of transfer _____
- 17a. Change of sub-grantee? ☐ Yes ☐ No
 If yes, specify prior sub-grantee code _____
 Date of change _____

Other Personal Characteristics and Information

18. Gender ☐ Male ☐ Female ☐ Did not voluntarily report
19. Ethnicity: Hispanic, Latino, or Spanish origin?
☐ Yes ☐ No ☐ Did not voluntarily report
20. Race (Check as many as apply)
☐ a. American Indian or Alaskan Native ☐ b. Asian
☐ c. Black, African American ☐ d. Native Hawaiian/Pacific Islander
☐ e. White ☐ f. Did not voluntarily report
21. Education _____ last grade completed (Select one code from following list)
- | | | |
|--|--|--------------------------------|
| 00=no grade school | 88=GED or certificate of equivalency for HS | |
| 1-11 years of school | 13-15 years of school completed (1-3 years of college) | 19=doctoral degree |
| A11=completed 12 years of school but no HS diploma | 16=BA/BS or equivalent | 21=vocational/technical degree |
| 12=HS diploma | 17=education beyond a bachelor's degree | 22=associate's degree |
| | 18=master's degree | |
22. Limited English Proficiency (LEP) ☐ Yes ☐ No
23. If LEP, please specify primary language _____ (Select one code from following list)
- | | | | |
|---------------------|------------------|------------------------------|----------------|
| 10. Amharic | 20. Hebrew | 30. Mon-Khmer (Cambodian) | 40. Spanish |
| 11. Arabic | 21. Hindi | 31. Navajo | 41. Tagalog |
| 12. Armenian | 22. Miao (Hmong) | 32. Persian (including Dari) | 42. Thai |
| 13. Bosnian | 23. Italian | 33. Polish | 43. Urdu |
| 14. Cantonese (Yue) | 24. Hungarian | 34. Portuguese | 44. Vietnamese |
| 15. French | 25. Ilocano | 35. Punjabi | 45. Yiddish |
| 16. French Creole | 26. Japanese | 36. Russian | 46. Other_____ |
| 17. German | 27. Korean | 37. Samoan | |
| 18. Greek | 28. Laotian | 38. Serbo-Croatian | |
| 19. Gujarathi | 29. Mandarin | 39. Somali | |
24. Low literacy skills? ☐ Yes ☐ No

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25. Veteran (or eligible spouse of veteran)?

☐ a. Veteran ☐ b. Eligible spouse of veteran ☐ c. Non-covered person
If veteran, post-9/11 era veteran? ☐ Yes ☐ No

26. Disability?

☐ Yes, self-report ☐ No

☐ Yes, documentation ☐ Did not voluntarily report

27. At risk of homelessness? ☐ Yes ☐ No

28. Displaced homemaker? ☐ Yes ☐ No

29. Failed to find employment after using WIA Title I? ☐ Yes ☐ No

30. Low employment prospects? ☐ Yes ☐ No

30a. Incarcerated or under supervision following release from prison or jail within the last 5 years? ☐ Yes ☐ No

31. Personal characteristics comments

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Certification

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

32. Signature of applicant

33. Date of signing

_____ (MM/DD/YYYY)

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Eligibility Determination

34. ☐ Eligible ☐ Ineligible

35. If ineligible, reason (Check as many as apply)

- ☐ a. Age ☐ b. Income ☐ c. Residence outside of state
☐ d. Failed to complete application or provide required documentation
☐ e. Other (specify) _____

36. If ineligible, action taken (Check as many as apply)

- ☐ a. Referred to One-Stop ☐ b. Referred to social services
☐ c. Referred to another project
☐ d. Placed in unsubsidized employment pursuant to MOU
☐ e. Other (specify) _____

Enrollment Information

37. Placed on waiting list? ☐ Yes ☐ No

38. Community service assignment? ☐ Yes ☐ No

39. Grantee name _____

39a. County of authorized position _____

40. Co-enrollments? (Check as many as apply)

- ☐ a. WIOA ☐ b. Employment Service ☐ c. Adult Education
☐ d. College/Community College
☐ e. Other (specify) _____
☐ f. None

40a. Date of orientation _____ (MM/DD/YYYY)

40b. Date of last physical or waiver _____ (MM/DD/YYYY)

40c. Date of last IEP _____ (MM/DD/YYYY)

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40d. Job interest codes: 1 _____ 2 _____ 3 _____

- | | | |
|---|--|---|
| 1. Art, Design, Entertainment,
Sports, and Media | 8. Food Preparation and Service | 15. Production, Assembly, Light
Industrial |
| 2. Business and Financial
Operations | 9. Healthcare | 16. Protective Service |
| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 4. Computer and Mathematical | 11. Maintenance and Custodial | 18. Self-Employment |
| 5. Construction, Installation, and
Repair | 12. Management | 19. Transportation and Material
Moving |
| 6. Education, Training, and Library | 13. Office and Administrative
Support | |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service | |

41. Enrollment comments

42. Signature of director or authorized representative

43. Date of eligibility determination

_____ (MM/DD/YYYY)

SCSEP Participant Data Collection Sample Template**Recertification**

44. Number in family_____

45. Total includable family income (12-month or 6-month annualized)
\$_____***Certification***

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

46. Signature of participant on recertification _____

47. ☐ Eligible ☐ Ineligible

48. If ineligible, reason (Check as many as apply)

☐ a. Income ☐ b. Failed to complete application or provide required documentation
☐ c. Other (specify) _____

49. Signature of director or authorized representative on recertification

50. Date of recertification determination _____ (MM/DD/YYYY)

SCSEP Participant Data Collection Sample Template**Waiver of Durational Limit**

51. Severe disability? ☐ Yes ☐ No

51a. Date of last update _____ (MM/DD/YYYY)

52. Frail? ☐ Yes ☐ No

52a. Date of last update _____ (MM/DD/YYYY)

53. Old enough for but not receiving SS Title II? ☐ Yes ☐ No

53a. Date of last update _____ (MM/DD/YYYY)

54. Severely limited employment prospects in area of persistent unemployment?

☐ Yes ☐ No

54a. Date of last update _____ (MM/DD/YYYY)

55. Limited English Proficiency (LEP)? ☐ Yes ☐ No

55a. Date of last update _____ (MM/DD/YYYY)

56. Low literacy skills? ☐ Yes ☐ No

56a. Date of last update _____ (MM/DD/YYYY)

57. 75 or over? ☐ Yes ☐ No

58. Incarcerated or under supervision following release from prison or jail within the last 5 years? ☐ Yes ☐ No

58a. Date of last update _____ (MM/DD/YYYY)

59. Recertification/waiver comments

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