



Dear Applicant,

Thank you for your interest in the Senior Community Services Employment Program. We work with older adults who need some training in order to get a job. In order to participate, you must be over 55 years old, low income (see household income limits below), unemployed and looking to return to the workforce. SCSEP participants may not be “job-ready” and must have worked with the Department of Labor to look for work.

Please fill out the entire application and include the following documentation. If you have any questions about collecting the needed information or completing the paperwork, please call Michael Ash: 706-549-4850 X 2016.

Items to include with this application:

1. A copy of a **state-issued picture ID Card** or **Driver’s License**.
2. A copy of your **Social Security Card**.
3. Proof that you have worked with the Department of Labor in order to find employment. **Please go to your DOL office and request a print out of the “MD 77 screen”**. You will be required to show ID.
4. The completed **“household letter”**. A form is *included* with this application for a neighbor, landlord or friend to complete. This form verifies who lives in your household.
5. **Documentation of all income for members of your household for the last twelve months**. This may include pay stubs, a letter from the Social Security Administration stating the monthly amount of payments. A statement from any other organization that has helped to support you (VA, unemployment benefits etc.).

Household income limits based on number of members in your family. This number includes spouses and dependent children. If you are unsure if your income is low enough, please call our office, some types of income are excluded when we calculate your eligibility.

Family Size	Yearly Income Limits
1. One	\$15,175
2. Two	\$20,575
3. Three	\$25,975
4. Four	\$31,375
5. Five	\$36,775

Thank you,

Michael Ash  
SCSEP Director

## **Senior Community Service Employment Program (SCSEP)**

If you are 55 or older, unemployed and looking to re-enter the workforce, you may qualify for the Senior Community Service Employment Program (SCSEP). Programs are administered in the majority of Georgia's 12-county region. The program serves low-income persons who are 55 and older and have poor employment prospects. Eligible individuals are placed in part-time community service positions with a goal of transitioning to unsubsidized employment.

The program serves low-income persons, as defined by the U.S. Department of Health and Human Services Annual Poverty Guidelines

### **SCSEP Program Purpose**

- To foster and promote useful part-time opportunities in community service activities for eligible individuals;
- To foster individual economic self-sufficiency;
- To increase the number of older persons who may enjoy the benefits of a regular job after participating in the SCSEP.

### **Program Qualifications**

Participants must be at least 55, unemployed, and have a family income of no more than 125% of the federal poverty level. Enrollment priority is given to:

- Veterans and qualified spouses
- Individuals who are over 65 and have a disability
- Individuals who have low literacy skills or limited English proficiency
- Individuals who reside in a rural area
- Individuals who are homeless or at risk of homelessness
- Individuals who have low employment prospects
- Individuals who have failed to find employment after using services through the American Job Center system.

### **Services Provided**

- Participants receive orientation, community service assignments, training opportunities, and supportive services, and are offered a free physical examination.
- Assessments are completed to obtain information about the participant's work history, skills and interests, talents, physical capabilities, need for supportive services, potential for performing community service assignments, and potential for transition to a regular job.
- Participants usually work up to 20 hours per week and receive the minimum wage, which is currently \$7.25. Limited fringe benefits are also provided.



ATHENS COMMUNITY COUNCIL ON AGING

Live well. Age well.

135 Hoyt Street ~ Athens, GA 30601

web www.accaging.org phone 706.549.4850 fax 706.549.7786

# Application for SCSEP Training

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name (Last, first, middle initial) \_\_\_\_\_ Social Security # \_\_\_\_\_

Home address, Street, City, State, ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Mailing address, Street, City, State, ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Cell phone number | Home phone number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address \_\_\_\_\_ Who referred you to this program? \_\_\_\_\_

Have you participated in SCSEP before?  YES  NO If Yes, Date(s)? \_\_\_\_\_

Are you currently employed?  YES  NO

Are you registered with the Department of Labor?  YES  NO If yes, when did you register? \_\_\_\_\_

## EDUCATION HISTORY-Specific college hours must be listed in this section

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Graduate or Equivalent Yes ___ No ___	Vocational School Attended:	No. of Months	Area of Study	Date Completed
Name and Location of Schools Attended	Field of Study or Area of Concentration Major                  Minor		Degree Obtained	Dates Attended	
1.					
2.					
3.					

Licenses and Certifications			
	Specialization	Certificate #	Expiration
	Specialization	Certificate #	Expiration

**WORK HISTORY- You may submit a resume in lieu of completing this application**

Begin with your current or most recent job. You may include military and volunteer experience. If you worked for the same employer at various times and held different positions, describe them separately. Emphasize work you feel relates to the training for which you are applying.

**Current or last employer:**

Phone Number

Address

Official Job Title

Supervisor

From: (mm/yy)

To: (mm/yy)

Hours per Week

Starting Salary

Ending Salary

Reason for Leaving

May we contact them?

Please list the details of duties performed:

**Employer:**

Phone Number

Address

Official Job Title

Supervisor

From: (mm/yy)

To: (mm/yy)

Hours per Week

Starting Salary

Ending Salary

Reason for Leaving

May we contact them?

Please list the details of duties performed:

**Employer:**

Phone Number

Address

Official Job Title

Supervisor

From: (mm/yy)

To: (mm/yy)

Hours per Week

Starting Salary

Ending Salary

Reason for Leaving

May we contact them?

Please list the details of duties performed:

SPECIAL QUESTIONS: We must give preference to people with certain barriers to employment. If any of the following are barriers to your employment, you will be given preference over individuals without these barriers. We may ask for documentation of some items.

- Are you a veteran, or is your spouse a veteran?

\_\_\_\_ Yes \_\_\_\_ No

- Is English your second language?

\_\_\_\_ Yes \_\_\_\_ No

- Have you graduated from high school or earned a GED?

\_\_\_\_ Yes \_\_\_\_ No

- Are you disabled?

\_\_\_\_ Yes \_\_\_\_ No

- Do you have reliable transportation to get to a training site?

\_\_\_\_ Yes \_\_\_\_ No

- Are you currently homeless or at risk of becoming homeless?

\_\_\_\_ Yes \_\_\_\_ No

The following questions will help us determine what training opportunities may be appropriate for you. Failure to answer these questions completely and honestly may disqualify you from the program. We conduct criminal background checks on all participants.

- Have you ever been convicted of a felony?

\_\_\_\_ Yes \_\_\_\_ No

Signature X \_\_\_\_\_

- Have you ever been shown by credible evidence (e.g. a court or jury, a department of investigation, or other reliable source) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?

\_\_\_\_ Yes \_\_\_\_ No

Signature X \_\_\_\_\_

### SCSEP Training Focus

Please list what types of training you need in order to gain employment

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**REFERENCES:** Please give the names of three persons not related to you, whom you have known for at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge and understand that, if employed, false or misleading statements on this application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application for SCSEP training as may be necessary in arriving at an employment decision.

Should I be enrolled in the SCSEP, I will fully adhere to the rules and regulations of the program. Upon exit from the SCSEP, I authorize the release of reference information of my training through the Athens Community Council on Aging.

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Household Letter**

**(To be signed by another person, such as a neighbor, friend or relative, with his/her address)**

**DATE: \_\_\_ / \_\_\_ / \_\_\_**

**To Whom It May Concern:**

\_\_\_\_\_  
**(Applicant's Name)**

**Lives at:** \_\_\_\_\_

\_\_\_\_\_

**And lives with \_\_\_\_\_ other person(s). List relationship of household members to the applicant (spouse, sister, child friend):**

\_\_\_\_\_  
\_\_\_\_\_

**Witness's signature and address:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**(Printed)**

**Address** \_\_\_\_\_

**City, State  
& Zip Code** \_\_\_\_\_

**Witness's Relationship to Applicant:** \_\_\_\_\_

\_\_\_\_\_