

# Senior Community Service Employment Program (SCSEP) Application



Application Date: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Name \_\_\_\_\_ Phone#: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: M F (circle one)

Are you currently employed? Yes No Marital Status : S M D W Separated

Have you ever participated in SCSEP before? Yes No

- Race :**
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or other Pacific Islander
  - White
  - Two or more races
  - Declined to self-identify
- Ethnicity (circle one):**
- Hispanic or Latino
  - Not Hispanic or Latino
  - Declined to self-identify

- Veteran Status :**
- Veteran
  - Eligible Spouse of a Veteran
  - Non-Covered Person
  - Not a Veteran
- If you are a Veteran:**  
Military Separation Date: \_\_\_\_\_
- Are you a disabled Veteran?**  
Yes No

- Highest Level of Education:**
- Lower than 9th grade
  - 9th - 12th grade
  - High School Diploma
  - GED
  - Certificate of Completion
  - No diploma
  - Post secondary
  - 2-year associates degree
  - 4-year degree
  - Post-graduate degree
- Criminal Background Past 10 Years:**
- I have no criminal convictions.
  - I have a misdemeanor conviction.  
Year: \_\_\_\_\_  
If yes, for what? \_\_\_\_\_
  - I have a felony conviction.  
Year: \_\_\_\_\_  
If yes, for what? \_\_\_\_\_

**Do you have a documented disability?** Yes No  
If yes, please describe: \_\_\_\_\_

**Form of Support:**

- Own Income
- Family
- Pensions
- Disability
- Public Assistance
- Unemployment Compensation
- Child Support
- Other \_\_\_\_\_

**Financial Assistance:**

- Temporary Assistance for Needy Families (TANF) \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Social Security Disability (SSDI) \$ \_\_\_\_\_
- Workman's Compensation \$ \_\_\_\_\_
- Supplemental Security Income (SSI) \$ \_\_\_\_\_
- Veteran's Administration \$ \_\_\_\_\_
- Unemployment Compensation \$ \_\_\_\_\_
- Pension \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

**Housing Status:**

- Assisted Living
- At Risk of Homelessness
- Emergency
- Family Support
- Friend
- Group Home
- Homeless
- Own
- Rent
- Shelter

**Number in Household:** \_\_\_\_\_

**Transportation:**

- City Bus
- Own Car
- Family/Friends
- Open Door
- Cab
- Walk/bike
- Group Home
- Moped/Scooter
- Other

**When was your last job?** \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for departure: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for departure: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

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