

WORKFORCE SERVICES

Tel: 605.367.5345 sdjobs.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM APPLICATION FORM

Name: _____
FIRST M.I. LAST

Physical Address: _____
STREET CITY & ZIP
STATE COUNTY LOCATION: Rural Urban

Mailing Address (If different from physical): _____

Primary Tel: (____)____-____ Alternate Tel: (____)____-____

Email: _____

Emergency Contact: _____ Tel: (____)____-____
NAME RELATIONSHIP

Date of Birth: ____/____/____ Last Four of SSN: _____ Number in Family Household: ____

Receiving Public Assistance: (check all that apply)

<input type="checkbox"/> No	<input type="checkbox"/> Subsidized housing	<input type="checkbox"/> State of local welfare (General Assistance)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Social Security Disability (SSDI)	<input type="checkbox"/> Other:
<input type="checkbox"/> SNAP	<input type="checkbox"/> TANF	

Gender: Male Female Are you Hispanic or Latino?: Yes No Chose not to disclose

<p>Race: (Check all that apply)</p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chose not to disclose	<p>Last Grade Completed:</p> <input type="checkbox"/> No grade school <input type="checkbox"/> 1-11 Years <input type="checkbox"/> 12 years, but no HS Diploma or Equivalency <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency/GED <input type="checkbox"/> 1 year of college <input type="checkbox"/> 2 years of college <input type="checkbox"/> 3 years of college <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Education beyond bachelors
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Have you previously participated in SCSEP through Experience Works or National Indian Council on Aging? Yes No

PRIORITY

1. Disability? Yes No Choose not to disclose If yes, submit documentation if available
2. Did you engage in volunteer work? Yes No
3. Employed?: Yes No

Priority (Cont.)

4. Limited English Proficiency: Yes No Primary Language: _____
5. Low Literacy Skills? Yes No
6. Homeless? Yes No
7. Displaced homemaker? Yes No
8. Reside in Oglala County? Yes No
9. Employed?: Yes No
10. Veterans Status: Not Covered Self Spouse
11. Low Employment Prospects? Yes No If yes, explain:
12. At risk of homelessness? Yes No
13. Family Income of \$0? Yes No
14. Have you been incarcerated or under supervision following release from prison or jail within the last 5 years? Yes No

PRE-ASSESSMENT

When was your last date of employment? (MM/YYYY) _____/_____/_____

What type of work did you perform? _____

What type of work are you most interested in learning? _____

What skills are you most interested in learning? _____

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 the DLR to investigate and verify all statements contained in this application and supporting materials.

SIGNATURE

____/____/_____
DATE

STAFF USE ONLY

- Disability 75 years or older Criminal Convictions Lack of Education
- Live in an area of persistent unemployment

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FAMILY SIZE

THIRD PARTY ATTESTATION

**This form must be signed and completed by someone other than the applicant.
APPLICANTS AND PEOPLE LIVING WITH APPLICANTS ARE NOT ALLOWED TO SELF-ATTEST THEIR FAMILY SIZE.**

I, _____,

certify that _____ has _____ people living with him/her as
NAME OF APPLICANT (number of people not counting the applicant)

part of his/her family.

Please provide specific information about any individuals living with the applicant and also provide an explanation of how you are in a knowledgeable position to attest to the fact(s) you provided. (Note: Use the back of this form if additional space is needed):

NAME AGE RELATIONSHIP TO APPLICANT

NAME AGE RELATIONSHIP TO APPLICANT

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NAME AGE RELATIONSHIP TO APPLICANT

NAME AGE RELATIONSHIP TO APPLICANT

NAME AGE RELATIONSHIP TO APPLICANT

Explanation of how you are knowledgeable of the applicant's family size?

Attesting Individual's Signature _____ Date: ___/___/___

The signature above cannot be of the SCSEP applicant or an individual living with them.

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SELF ATTESTATION

ATTESTATION FOR ZERO INCOME

I, _____, certify that I have received **no** income (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children) for the past (**choose one**):

- Six Months
 Twelve Months

I have supported myself during this period of time as follows: _____

ATTESTATION OF INCOME PROVIDED

If you indicated above that you have received *no income for the past twelve months*, **skip this section**. If you indicated above that you received *no income for the past six months*, please clarify below what income you received in the last 12 months.

I, _____, certify that I have provided all proof of my income (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children) for the past (**choose one**):

- Six Months
 12 Months

Place an "X" next to the income source you are receiving:

_____ Social Security Benefits	_____ Survivor Benefits	_____ Pension or Retirement
_____ Income	_____ Dividends	_____ Rents, Royalties, Estates, Trusts
_____ Social Security Disability Insurance	_____ Supplemental Security Income	_____ Veteran's Payments
_____ Public Assistance, Training Income	_____ Workers' Compensation	_____ Tax Refunds
_____ All Forms of Child Support	_____ Disability Benefits	_____ Educational Assistance
_____ Re-employment Benefits (UI)	_____ Interest Income	_____ Alimony
_____ Financial Assistance from Outside Household		

Have you provided proof of income to the Employment Specialist? Yes _____ *No _____

***If not, you will need to provide a copy of income before eligibility can be determined.**

For this portion of the attestation, place an "X" next to any statement that reflects your current situation.

Homeless/At-risk of Homelessness

- I am homeless because I lack a fixed, regular, adequate nighttime residence. (This includes sharing housing of other persons due to loss of housing or economic hardship; living in a motel, hotel, or campground; or living in an emergency or transitional shelter.) My primary nighttime residence is a public or private place not designed for regular sleeping accommodations.
- I am at risk for homelessness. I'm not currently homeless, but I'm lacking the resources and support network to obtain housing, meaning (check applicable statement):
 - My rent mortgage and/or real estate taxes is overdue/unpaid.
 - I borrow money to pay the rent/mortgage.
 - I frequently have unpaid or overdue electric, gas, or water bills.
 - My credit history or background disqualifies me from most rental/lease agreements.
 - I am temporarily sharing a space with a family member or friend.
 - I have involuntarily moved several times in the last year.

Low Employment Prospects

- I lack a substantial employment history.
- I lack literacy skills (supporting documentation required).
- I lack a high school diploma or equivalent.
- I am residing in a social and economically isolated rural or urban area where employment opportunities are limited.

Veteran

- I served in the active _____ (Name of Branch or Military) and was discharged or released from such service under conditions (excluding dishonorable) on ____/____/____
- I was on full-time duty in the National Guard or a Reserve component, other than fulfilling duty for training purposes, and was released from such duty without an honorable discharge
- I am a spouse of a veteran who served and was discharged from active duty under conditions (excluding dishonorable) on ____/____/____
- I am a **spouse** of any veteran who has died from a service-related disability, as evaluated by Department of Veteran Affairs
- I am a **spouse** of any veteran who died while a disability was in existence

Participant Signature _____

Date: ____/____/____