

WORKFORCE SERVICES

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SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM INDIVIDUAL DURATIONAL LIMIT WAIVER FORM

State Use Only	
<i>Verified by</i>	<i>Date</i>

Participant Name: _____

Check all factors that apply to you, sign, and return to your case manager. If none of the factors below apply, please sign and return to your case manager.

75 Years of age or older Date of Birth: ____/____/____

Severely Disabled (*must submit supporting documentation from a medical professional*)

Select all that apply:

- Is likely to continue indefinitely
- Results in substantial functional limitation in the following areas of major life activity
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-Direction
 - Capacity for Independent Living
 - Economic Self-Sufficiency

Participant Signature

____/____/____
Date