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December 10, 2018

**TO:** All SCSEP Subrecipients of the Orange County  
Development Board

**FROM:** Carma Lacy   
Director of Workforce Development

**SUBJECT:** SCSEP Participant Reporting Timeline  
Information Notice No. 18-OCDB-06  
Supersedes Information Notice No. 06-OCWDA-04

**PURPOSE:**

This policy provides guidance regarding the Senior Community Service Employment Program (SCSEP) participant reporting requirements and timeline in the SCSEP Performance and Results QPR (SPARQ) System.

This policy supersedes Information Notice No. 06-OCWDA-04 dated October 25, 2006.

**EFFECTIVE DATE:**

This policy is effective on the date of issuance.

**REFERENCES:**

- OMB Approval Number: 1205-0040

**BACKGROUND:**

The SCSEP is required by federal regulations to submit accurate participant reports and validated individual participant data to the Department of Labor (DOL) on a quarterly and annual basis.

On July 25, 2018, the SCSEP National Office announced that the fields in SPARQ for entering PY 2017 data during the "Fifth Quarter" were removed when PY 2017 was officially closed in SPARQ on September 26, 2018. As a result, the SCSEP National Office revised all four hard copy forms to eliminate fields that are no longer relevant for PY 2018.

The SCSEP National Office also emphasizes the need to enter participant data into the SPARQ system in a correct manner within acceptable timeframes.

**POLICY AND PROCEDURES:**

1. All OCDB Subrecipients for the SCSEP are required to report individual participant data via the SPARQ system, the SCSEP's system of record.



2. All SCSEP Subrecipients shall:
  - a. Ensure strict adherence to all Federal, State, and OCDB requirements related to SPARQ;
  - b. Use the appropriate SPARQ forms supplied by the OCDB (Attachment I);
  - c. Establish quality control procedures to protect the integrity of data pertaining to participants, services, and outcomes;
  - d. Establish a review process for SPARQ reports that includes participant rosters and other reports provided by the OCDB; and
  - e. Ensure strict adherence to the proper handling of personally identifiable information (PII) and other confidential participant information.
  
3. In addition:
  - a. Follow efficient internal data entry and data management processes that require timely submission of participant data to the OCDB;
  - b. Submit participant data to the OCDB **within 5 business days** from the start or end date of any activity (i.e. application, enrollment, service provision, exit, follow-up, etc.). Data shall be submitted to [CIDMIS@occr.ocgov.com](mailto:CIDMIS@occr.ocgov.com), ensuring PII is properly handled. The 5 business day timeline shall also apply to all updates in start or end dates;
  - c. Ensure that staff designated to handle data entry and data management are given prior training on SPARQ functionalities and limitations; and,
  - d. Implement a system to establish staff accountability for data entered.
  
4. Failure to submit data in a timely manner can result in the following:
  - a. Loss of performance outcomes, as delays in data submission may result in missing timely match with performance records;
  - b. Errors/warnings due to failure to update activities/services, closures, etc.;
  - c. Data change requests to California Department of Aging by the OCDB will be denied if reason is due to simple failure to submit data; and
  - d. Loss of SPARQ data quality and integrity.
  
5. The accuracy and reliability of program reports submitted by Subrecipients are fundamental elements of good public administration and are necessary tools for maintaining and demonstrating system integrity. In order to ensure the accuracy and reliability of reported information, Subrecipients are required to validate the data submitted in SPARQ. Failure to demonstrate the validity of reported data will be deemed to be a failure to report and subject to corrective action or sanction, as appropriate.
  
6. To ensure that Subrecipients are able to successfully implement data validation, the OCDB will monitor on a regular schedule.

Any late submission of participant data is considered noncompliant and may result in cash holds or de-obligation of funds.

**ACTION:**

Bring this Information Notice along with the attachment to the attention of all staff.

**INQUIRIES:**

If you have any questions, please contact appropriate contract administration staff at 714-480-6500.

**ATTACHMENTS:**

- Attachment I: SPARQ Forms

**SCSEP Participant Form**

OMB Approval Number: 1205-0040

Expiration Date: 12/31/2018

**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) \_\_\_\_\_

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average twelve (12) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

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(Rev. 11/1/2018)

## SCSEP Participant Form

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

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)

- |   |  |
|---|--|
| <input type="checkbox"/> a. American Indian or Alaskan Native | <input type="checkbox"/> b. Asian                            |
| <input type="checkbox"/> c. Black, African American           | <input type="checkbox"/> d. Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> e. White                             | <input type="checkbox"/> 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

\*No data entry in SPARQ. Field is system-generated.

# SCSEP Participant Form

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

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

31. Personal characteristics comments

# SCSEP Participant Form

## *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)

# SCSEP Participant Form

## 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. WIA       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)



# SCSEP Participant Form

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 Form

## 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 Form

## 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. Recertification/waiver comments

\*No data entry in SPARQ. Field is system-generated.

**SCSEP Community Service  
Assignment Form**

OMB Control Number: 1205-0040

Expiration Date: 12/31/2018

1. Name of participant \_\_\_\_\_ 2. PID \_\_\_\_\_

3. Grantee \_\_\_\_\_

**Host Agency Information**

4. Name of host agency \_\_\_\_\_

5. Host agency mailing address

\_\_\_\_\_ a. Number and Street, Suite Number; or PO Box

\_\_\_\_\_ b. City

\_\_\_\_\_ c. State

\_\_\_\_\_ d. ZIP code

6. FEIN \_\_\_\_\_

7. Host agency type:  Not-for-profit  Government

7a. Date of host agency agreement \_\_\_\_\_ (MM/DD/YYYY)

7b. Date of host agency monitoring visit \_\_\_\_\_ (MM/DD/YYYY)

8. Host agency site name and location \_\_\_\_\_

8a. Host agency job codes: i \_\_\_\_\_ ii \_\_\_\_\_ iii \_\_\_\_\_

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	

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# SCSEP Community Service Assignment Form

8b. Host agency continued availability  Available  Not available

## Contact/Supervisor Information

9. Name of contact person \_\_\_\_\_

10. Contact person's mailing address if different from number 5

\_\_\_\_\_

a. Organization

\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box

\_\_\_\_\_

c. City

\_\_\_\_\_

d. State

\_\_\_\_\_

e. ZIP Code

11. Contact person's title \_\_\_\_\_

11a. Contact person's salutation  Mr.  Ms.  Dr.

12. Contact person's phone number \_\_\_\_\_

12a. Contact person's fax number \_\_\_\_\_

12a1. Contact person's cell phone number \_\_\_\_\_

12b. Contact person's e-mail address \_\_\_\_\_

**Complete fields 12c-12i if supervisor is different from contact person (number 9). If supervisor is the same as contact person, skip to field 12j.**

12c. Name of supervisor \_\_\_\_\_

12d. Supervisor's mailing address if different from number 5

\_\_\_\_\_

a. Organization

\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box

\_\_\_\_\_

c. City

\_\_\_\_\_

d. State

\_\_\_\_\_

e. ZIP Code

12e. Supervisor's title \_\_\_\_\_

# SCSEP Community Service Assignment Form

12f. Supervisor's salutation  Mr.  Ms.  Dr.

12g. Supervisor's phone number \_\_\_\_\_

12h. Supervisor's fax number \_\_\_\_\_

12h1. Supervisor's cell phone number \_\_\_\_\_

12i. Supervisor's e-mail address \_\_\_\_\_

12j. Funding source of supervisor or contact person/supervisor:

Federal  Non-federal \$ \_\_\_\_\_ (hourly rate) \_\_\_\_\_ (average hours per week)

## Assignment Information

13. Assignment date \_\_\_\_\_ (MM/DD/YYYY)

14. Start assignment date \_\_\_\_\_ (MM/DD/YYYY)

15. End date \_\_\_\_\_ (MM/DD/YYYY)

15a. Approved break in participation

Start date \_\_\_\_\_ (MM/DD/YYYY) Expected end date \_\_\_\_\_ (MM/DD/YYYY)

Actual end date \_\_\_\_\_ (MM/DD/YYYY)

15b. Reason for approved break in participation

i. Family/health

iii. Administrative

ii. Personal

iv. Other (specify) \_\_\_\_\_

15c. Comments on approved break in participation

16. Participant assigned to:

i. Grantee or sub-recipient/local project

ii. Workforce partner

iii. Other host agency

16a. If participant assigned to i or ii:

1. CSA wage (per hour) \$ \_\_\_\_\_

2. Number of hours per week assigned \_\_\_\_\_

16b. Participant's schedule

# SCSEP Community Service Assignment Form

16c. Date of safety consultation with participant \_\_\_\_\_ (MM/DD/YYYY)

17. Community service assignment code \_\_\_\_\_ (Select only one code from following lists)

Service to the general community includes the following activities:

- |                                     |                                   |                           |
|-------------------------------------|-----------------------------------|---------------------------|
| G1. Education                       | G6. Environmental Quality         | G11. Counseling           |
| G2. Health and Hospitals            | G7. Public Works & Transportation | G12. Conservation         |
| G3. Housing and Home Rehabilitation | G8. Social Services               | G13. Community Betterment |
| G4. Employment Assistance           | G9. Legal                         | G14. Other _____          |
| G5. Recreation, Parks, and Forests  | G10. Financial                    |                           |

Service to the elderly community includes the following activities:

- |                                     |                        |                           |
|-------------------------------------|------------------------|---------------------------|
| E1. Project Administration          | E6. Nutrition Programs | E11. Counseling           |
| E2. Health and Home Care            | E7. Transportation     | E12. Conservation         |
| E3. Housing and Home Rehabilitation | E8. Outreach/Referral  | E13. Community Betterment |
| E4. Employment Assistance           | E9. Legal              | E14. Other _____          |
| E5. Recreation/Senior Centers       | E10. Financial         | _____                     |

18. Community service assignment title \_\_\_\_\_

18a. Participant's job code \_\_\_\_\_

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	

18b. Participant's workers' compensation code \_\_\_\_\_

19. Total hours paid in quarter

Quarter 1 \_\_\_\_\_ Quarter 3 \_\_\_\_\_  
 Quarter 2 \_\_\_\_\_ Quarter 4 \_\_\_\_\_

20. Types of training received (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> a. General training (basic skills)              | <input type="checkbox"/> d. Other (specify) _____ |
| <input type="checkbox"/> b. Specialized training (specific job/industry) | <input type="checkbox"/> e. None                  |
| <input type="checkbox"/> c. On-the-job experience (OJE)                  |   |

# SCSEP Community Service Assignment Form

20a.1. Type of supportive service provided:

- |  |   |
|--|---|
| <input type="checkbox"/> i. Dependent care (child or adult)  | <input type="checkbox"/> v. Needs-related payments, such as utilities or food |
| <input type="checkbox"/> ii. Health and medical services   | <input type="checkbox"/> vi. Special job-related or personal counseling       |
| <input type="checkbox"/> iii. Housing, including temporary shelter                                   | <input type="checkbox"/> vii. Transportation                                  |
| <input type="checkbox"/> iv. Incidentals such as work shoes, badges, uniforms, eyeglasses, and tools | <input type="checkbox"/> viii. Other (specify)_____                           |

20a.2. Date supportive service provided \_\_\_\_\_ (MM/DD/YYYY)

20a.3. Supportive service provided by:

- i. Grantee or sub-recipient/local project
- ii. Workforce partner
- iii. Both i and ii
- iv. Other (specify)\_\_\_\_\_

21. Total hours of paid training received in quarter

Quarter 1 _____	Quarter 3 _____
Quarter 2 _____	Quarter 4 _____

22. Community service assignment comments



# SCSEP Community Service Assignment Form

## Sub-Grantee Provided Training Information

### Training Provider Information

23. Name of training provider or OJE employer \_\_\_\_\_

24. Training provider or OJE employer mailing address

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

b. City

c. State

d. ZIP code

25. Training provider continued availability  Available  Not available

### Contact Person Information

26. Name of training provider or OJE employer contact person \_\_\_\_\_

27. Contact person's mailing address if different from number 24

a. Organization

b. Number and Street, Suite Number; or PO Box

c. City

d. State

e. ZIP Code

28. Contact person's title \_\_\_\_\_

29. Contact person's salutation  Mr.  Ms.  Dr.

30. Contact person's phone number \_\_\_\_\_

31. Contact person's fax number \_\_\_\_\_

31a. Contact person's cell phone number \_\_\_\_\_

32. Contact person's e-mail \_\_\_\_\_

# SCSEP Community Service Assignment Form

## Training Information

33. Types of training received (Check only one per training record)

- a. General training (basic skills)
  d. Other (specify) \_\_\_\_\_  
 b. Specialized training (specific job/industry)  
 c. On-the-job experience (OJE)

34. Job code for which training is provided, if relevant \_\_\_\_\_

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	

35. Participant's workers' compensation code in training \_\_\_\_\_

36. Start training date \_\_\_\_\_ (MM/DD/YYYY)

37. End training date \_\_\_\_\_ (MM/DD/YYYY)

38. Average number of hours of training per week \_\_\_\_\_

39. Average number of hours of community service per week during training \_\_\_\_\_

40. If OJE, wages paid by:

Sub-grantee
  Employer and reimbursed by sub-grantee at rate of \_\_\_\_\_%

41. Training wage (per hour) \$ \_\_\_\_\_

42. Total wages paid to participant or reimbursed to employer \$ \_\_\_\_\_

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) \$ \_\_\_\_\_

44. Training Comments

**Exit Information**

1. Name of participant \_\_\_\_\_ 2. PID \_\_\_\_\_

3. Participant mailing address (if changed)

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

\_\_\_\_\_ b. City \_\_\_\_\_ c. County

\_\_\_\_\_ d. State \_\_\_\_\_ e. ZIP Code

4. Phone number of participant (if changed) \_\_\_\_\_

5. Exit due to unsubsidized placement? (Select one only)

- i. Yes, regular employment
- ii. Yes, self-employment
- iii. No

6.1. For PY18, if exit is not due to unsubsidized employment, other reason for exit (Select one only)

- i. Moved from area
- ii. For cause
- iii. Voluntary
- iv. Durational limit
- v. Deceased
- vi. Participant's health/medical
- vii. Institutionalized
- viii. Reserve personnel called to active duty
- ix. Ineligible due to income at recertification

6a. Non-exit reasons for closing the record (Select one only)

- i.  Withdrew application prior to assignment
- ii.  \*Transferred to another project (specify grantee code) \_\_\_\_\_
- iii.  \*Moved to another sub-grantee (specify sub-grantee code) \_\_\_\_\_
- iv.  Dual enrollment

6b. Date of termination letter \_\_\_\_\_ (MM/DD/YYYY)

7. Date of exit or other closing of record \_\_\_\_\_ (MM/DD/YYYY)

\*No data entry in SPARQ. Field is system-generated

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average six (6) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

# SCSEP Exit Form

## *Waiver of Confidentiality*

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
*[name of participant]* *[name of employer]*

to release to \_\_\_\_\_ information regarding my employment status  
*[name of sub-grantee]*

*and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.*

8. Signature of participant \_\_\_\_\_

9. Date of signing \_\_\_\_\_ (MM/DD/YYYY)

9c. For PY18, has the participant died since exit?

Yes       No

10. Exit comments

--

1. Name of participant \_\_\_\_\_ 2. PID \_\_\_\_\_

**Employer Information**

3. Name of employer \_\_\_\_\_

4. Employer mailing address

\_\_\_\_\_ a. Number and street, suite number; and/or PO Box

\_\_\_\_\_ b. City

\_\_\_\_\_ c. State

\_\_\_\_\_ d. ZIP code

5. FEIN \_\_\_\_\_

6. Employer type

Not-for-profit  
 Government

For-profit  
 Self-employment

7. Is employer a host agency?  Yes  No

8. Did employer provide an OJE training site for this participant?  Yes  No

9. Employment site name and location \_\_\_\_\_

9a. \* Date for next customer satisfaction survey for this employer \_\_\_\_\_

9b. Employer continued availability  Available  Not available

\*No data entry in SPARQ. Field is system-generated.

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# SCSEP Unsubsidized Employment Form

## Contact/Supervisor Information

10. Name of contact person \_\_\_\_\_

11. Contact person's mailing address if different from number 4

\_\_\_\_\_

a. Organization name

\_\_\_\_\_

b. Number and Street, Suite Number; and/or PO Box

\_\_\_\_\_

c. City

\_\_\_\_\_

d. State

\_\_\_\_\_

e. ZIP Code

12. Contact person's title \_\_\_\_\_

12a. Contact person's salutation       Mr.       Ms.       Dr.

13. Contact person's phone number \_\_\_\_\_

13a. Contact person's fax number \_\_\_\_\_

13a1. Contact person's cell phone number \_\_\_\_\_

13b. Contact person's e-mail address \_\_\_\_\_

**Complete fields 13c-13i if supervisor is different from contact person (number 10).  
If supervisor is the same as contact person, skip to field 14.**

13c. Name of supervisor \_\_\_\_\_

13d. Supervisor's mailing address if different from number 4

\_\_\_\_\_

a. Organization name

\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box

\_\_\_\_\_

c. City

\_\_\_\_\_

d. State

\_\_\_\_\_

e. Zip Code

13e. Supervisor's title \_\_\_\_\_

13f. Supervisor's salutation       Mr.       Ms.       Dr.

13g. Supervisor's phone number \_\_\_\_\_

13h. Supervisor's fax number \_\_\_\_\_

# SCSEP Unsubsidized Employment Form

13h1. Supervisor's cell phone number \_\_\_\_\_

13i. Supervisor's e-mail address \_\_\_\_\_

## Placement Information

14. Start date \_\_\_\_\_ (MM/DD/YYYY)

15. End date \_\_\_\_\_ (MM/DD/YYYY)

16. Starting wage per hour \$ \_\_\_\_\_

17. Benefits (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> a. Health insurance       | <input type="checkbox"/> d. Vacation       | <input type="checkbox"/> g. Other _____ (specify) |
| <input type="checkbox"/> b. Sick leave             | <input type="checkbox"/> e. Transportation | <input type="checkbox"/> h. None                  |
| <input type="checkbox"/> c. Pension/profit sharing | <input type="checkbox"/> f. Room and board |   |

18. At time of placement, is employment expected to be full- or part-time?

- Full-time     Part-time

If part-time, number of hours per week expected \_\_\_\_\_

19. Job title \_\_\_\_\_

19a. Participant's job code \_\_\_\_\_

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	

19b. High-growth placement

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. Automotive             | <input type="checkbox"/> 6. Financial Services      | <input type="checkbox"/> 11. Retail         |
| <input type="checkbox"/> 2. Advanced Manufacturing | <input type="checkbox"/> 7. Geospatial              | <input type="checkbox"/> 12. Transportation |
| <input type="checkbox"/> 3. Biotechnology          | <input type="checkbox"/> 8. Health Care             | <input type="checkbox"/> 13. None           |
| <input type="checkbox"/> 4. Construction           | <input type="checkbox"/> 9. Hospitality             |   |
| <input type="checkbox"/> 5. Energy                 | <input type="checkbox"/> 10. Information Technology |   |

## SCSEP Unsubsidized Employment Form

20. Training-related placement?  Yes  No

21. Was placement the result of a substantial service provided to the employer by the sub-grantee?  Yes  No

21a. Type of supportive service provided:

- |  |   |
|--|---|
| <input type="checkbox"/> i. Dependent care (child or adult)  | <input type="checkbox"/> v. Needs-related payments, such as utilities or food |
| <input type="checkbox"/> ii. Health and medical services   | <input type="checkbox"/> vi. Special job-related or personal counseling       |
| <input type="checkbox"/> iii. Housing, including temporary shelter                                   | <input type="checkbox"/> vii. Transportation                                  |
| <input type="checkbox"/> iv. Incidentals such as work shoes, badges, uniforms, eyeglasses, and tools | <input type="checkbox"/> viii. Other (specify) _____                          |

21b. Date supportive service provided \_\_\_\_\_ (MM/DD/YYYY)

21c. Supportive service provided by:

- i. Grantee or sub-recipient/local project  
 ii. Workforce partner  
 iii. Both i and ii  
 iv. Other (specify) \_\_\_\_\_

22. Unsubsidized employment comments

### Customer Service Survey Information

23. CS survey number 1 \_\_\_\_\_ Date of delivery \_\_\_\_\_ (MM/DD/YYYY)

24. CS survey number 2 \_\_\_\_\_ Date of delivery \_\_\_\_\_ (MM/DD/YYYY)

25. CS survey number 3 \_\_\_\_\_ Date of delivery \_\_\_\_\_ (MM/DD/YYYY)



# SCSEP Unsubsidized Employment Form

## Follow-up Information

26. \*90-day date \_\_\_\_\_ (MM/DD/YYYY)

27. Has the participant returned to program within the first 90 days after exit?  
 Yes  No

27a. Has the participant re-enrolled in SCSEP within the first 90 days after exit?  
 Yes  No

32. PY18 Follow-up 1

a. \*Scheduled date \_\_\_\_\_ (MM/DD/YYYY)

b. Completed date \_\_\_\_\_ (MM/DD/YYYY)

c. For PY18, any wages for second quarter after exit quarter?

i.  No wages

ii.  Yes, supplemental

33. PY18 Follow-up 2

a. \*Scheduled date \_\_\_\_\_ (MM/DD/YYYY)

b. Completed date \_\_\_\_\_ (MM/DD/YYYY)

c. PY18 earnings for second quarter after exit quarter \$ \_\_\_\_\_

34. PY18 Follow-up 3

\*Scheduled date \_\_\_\_\_ (MM/DD/YYYY)

Completed date \_\_\_\_\_ (MM/DD/YYYY)

For PY18, any wages for fourth quarter after exit quarter?

i.  No wages

ii.  Yes, supplemental

35. Customer satisfaction and follow-up comments.

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\*No data entry in SPARQ. Field is system-generated.