SCSEP Participant Data Collection Sample Template

Participant Information

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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	<u> </u>
b. City	c. State
d. ZIP Code	e. County
6a. Participant's e-mail address	
6b. Emergency contact: Name Relationship	Phone ()
7. State of residence if different from mail	ing address
8. Homeless Yes No	8a. Urban/rural 🗌 Urban 🗌 Rural
9. Application date for enrollment or re-en	rollment(MM/DD/YYYY)
Eligibility	⁷ Information
10. Date of birth(MM/	DD/YYYY) 11. Number in family
12. Receiving public assistance? (Check a	as many as apply)
 a. No c. TANF e. Suppl. Nutrition Assistance (SNAP) g. Social Security Disability (SSDI) (specify)	 b. Supplemental Security Income (SSI) d. State or local welfare (General Assistance) f. Subsidized housing h. Other
13. Employed prior to participation?	
i. Employed ii. Employed, but wit	h notice of termination 🗌 iii. Not employed
14. Total includable family income (12-mo	onth or 6-month annualized)
15. Family income at or below 100% of po	overty level? Yes No

Attachment I

16. Formerly a partici	ipant in any SCSEP	project? Yes	No
	another project? ior grantee code		□ No
	antee? ior sub-grantee cod		□ No
Ot	her Personal Char	acteristics and Information	
18. Gender 🗌 Mal	le 🗌 Female [Did not voluntarily report	
19. Ethnicity: Hispan	nic, Latino, or Spani	sh origin?	
Yes	No [Did not voluntarily report	
20. Race (Check as m	any as apply)		
 a. American Indiar c. Black, African A e. White 	n or Alaskan Native American	 b. Asian d. Native Hawaiian f. Did not voluntari 	
21. Education	last grade comp	leted (Select one code from fo	llowing list)
00=no grade school 1-11 years of school A11=completed 12 years of school but no HS diploma 12=HS diploma	13-15 years of scho of 16=BA/BS or equiv	nd a bachelor's degree	19=doctoral degree 21=vocational/technical degree 22=associate's degree
22. Limited English F	Proficiency (LEP)	Yes No	
23. If LEP, please spe	ecify primary langua	age (Select one code fro	m following list)
 Amharic Arabic Armenian Bosnian Cantonese (Yue) French French Creole German Greek Gujarathi 	 Hebrew Hindi Miao (Hmong) Italian Hungarian Ilocano Japanese Korean Laotian Mandarin 	 Mon-Khmer (Cambodian) Navajo Persian (including Dari) Polish Portuguese Punjabi Russian Samoan Serbo-Croatian Somali 	 40. Spanish 41. Tagalog 42. Thai 43. Urdu 44. Vietnamese 45. Yiddish 46. Other
24. Low literacy skill	s? 🗌 Yes	No	

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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 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
30a. Incarcerated or under supervision following release from prison or jail within the last 5 years? Yes No

31. Personal characteristics comments

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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)