



**NORTH CAROLINA  
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM  
RECERTIFICATION FORM**

**Participant Data**

1. Name: \_\_\_\_\_ 2. Phone/Cell No: \_\_\_\_\_  
Last First Middle Initial

3. Home Address: \_\_\_\_\_  
Street City State Zip County

4. Mailing Address: \_\_\_\_\_  
Street City State Zip County

5. Social Security #: \_\_\_\_\_ 6. Date of Birth: \_\_\_\_\_ 7. Email Address: \_\_\_\_\_

8. Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Eligibility Information**

9. Family Size: How many persons are in your household (including yourself)? \_\_\_\_\_ Married  Single   
 Please list all persons residing in household

		Age
Self		
Spouse		
Children		
Other		

10. Have you experienced a substantial change in your family size in the past year? Yes  No

11. Have you experienced a substantial change in your family income in the past year? Yes  No

If questions 10 or 11 were answered yes, please explain: \_\_\_\_\_

**Notice of Durational Limit on ANY SCSEP Program**

12. I understand that I may participate on ANY Senior Community Service Employment Program for a total of 48 months. Once I have participated in ANY SCSEP program for a total of 48 months, I will no longer be eligible to apply/participate in ANY SCSEP program \_\_\_\_\_ (initials)

### Waiver of Durational Limit

13. Severe disability? Yes No  
13a. Date of last update \_\_\_\_\_ (MM/DD/YYYY)
14. Frail? Yes No  
14a. Date of last update \_\_\_\_\_ (MM/DD/YYYY)
15. Old enough for but not receiving SS Title II? Yes No  
15a. Date of last update \_\_\_\_\_ (MM/DD/YYYY)
16. Severely limited employment prospects in area of persistent unemployment? Yes No  
16a. Date of last update \_\_\_\_\_ (MM/DD/YYYY)
17. Limited English Proficiency (LEP)? Yes No  
17a. Date of last update \_\_\_\_\_ (MM/DD/YYYY)
18. Low literacy skills? Yes No  
18a. Date of last update \_\_\_\_\_ (MM/DD/YYYY)
- \*19. 75 or over? Yes No

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

### Certification

I hereby certify that the information I have provided above is true and correct. If I am determined eligible to participate, any information found to be incorrect could result in my immediate termination from the program and may be subject to legal penalties. I agree to promptly report to NC SCSEP any changes in my family size or family income. I understand that NC SCSEP participants are in training status. When the NC SCSEP Program Manager determines I am job-ready, I agree to actively pursue employment in my community. Participants are considered part time temporary trainees of the NC SCSEP and not the Training Site to which they are assigned. \_\_\_\_\_ (initials)

20. Signature of Participant: \_\_\_\_\_ 21. Date: \_\_\_\_\_

### For NCSCSEP Use Only

22. Eligible\* Yes  No
23. Co-Enrollments:  WIA  Employment Service  Adult Education  College/Community College  
 Other: \_\_\_\_\_  None
24. Is the participant currently volunteering at an organization? Yes  No  If yes, please list below:  
Organization Name: \_\_\_\_\_ Number of Hours per week: \_\_\_\_\_
25. Review of SCSEP Records Compliance: Yes  No

Oct 2014

NC SCSEP Staff: \_\_\_\_\_

Date of Recert: \_\_\_\_\_

**Additional Program Manager Comments:**

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Oct 2014