

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)  
INITIAL PARTICIPANT APPLICATION**

**A. PARTICIPANT IDENTIFICATION**

Full Name (Last, First, MI): \_\_\_\_\_ Social Security (Last 4): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Veteran Status:  Veteran  Eligible Spouse  Non-Veteran

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

County:  Barbour  Coffee  Covington  Dale  Geneva  Henry  Houston

Telephone: \_\_\_\_\_  Cell  Home

**B. HOUSEHOLD & ELIGIBILITY INFORMATION**

Family Size:  1  2  3  4  Other: \_\_\_\_\_

Public Assistance:  SSI  SNAP  Medicaid  Section 8 Housing  Other: \_\_\_\_\_  None

**C. INCOME INFORMATION**

Annual Family Income: \$ \_\_\_\_\_ (This amount is based off the past 6-12 months from the date of this application)

Income Sources:  SS  SSDI  Pension  Earnings  Other: \_\_\_\_\_

**D. EMPLOYMENT STATUS & WORK HISTORY**

Currently Unemployed?  Yes  No

Last Employer: \_\_\_\_\_ Last Date Worked (MM/YYYY): \_\_\_\_\_

Primary Skills / Work Experience:

\_\_\_\_\_  
\_\_\_\_\_

**E. CERTIFICATION**

I certify that the information provided above is true and accurate.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY SCSEP STAFF
Date _____
Call Back Date: _____