

# SCSEP Program Application

Incomplete applications will not be accepted. Please provide all requested information then submit completed applications to [sanderson@threeriversrc.com](mailto:sanderson@threeriversrc.com) or Fax: 770-854-5402 Phone: 678-552-2836 or 678-972-7658.

## Contact Information:

Today's Date:	Last Name:	First Name:
Street Address:	City State:	Zip Code:
Home Phone Number:	Cell Phone Number:	County of Residence:
Email Address:		

## Program Eligibility:

<b>Are you unemployed?</b>	Yes No Please circle	If yes, for how long?
<b>Are you 55 or older?</b>	Yes No Please circle	If yes, please circle the box that describes your age range
<b>Did you or your spouse serve as an active member in the U.S. military, naval, or air service and was discharged or released from such service under conditions other than dishonorable?</b>	Yes No Please circle	If yes, can you provide a copy of your DD214?
<b>Do you live in one of the Three Rivers Regional Commission's Counties?</b>	Yes No Please circle	Please circle the county you live in. Butts, Carroll, Coweta, Heard, Meriwether, Lamar, Spalding, Troup, or Upson county?

## Income Eligibility:

**Sources of Income** — Circle all source of income that apply and give total income that is counted

What is counted as income:	What is not counted?
<ol style="list-style-type: none"> <li>1. Pensions</li> <li>2. Interest for IRA and other retirement accounts</li> <li>3. Wages from an employer</li> <li>4. 75% of Social Security Retirement Benefits</li> <li>5. Alimony</li> <li>6. Rents, estates and trusts</li> </ol>	<ol style="list-style-type: none"> <li>1. Unemployment Compensation</li> <li>2. Social Security Disability</li> <li>3. SSI payments through Social Security</li> <li>4. State Assistance such as: Food Stamps, SAGA medical /Cash</li> <li>5. Subsidized housing</li> </ol>
Total annual counted income: _____	

## Employment and Training:

<b>Desired Occupation Goal – Please circle the occupation you are interested in below</b>	
Food Preparation & Serving	Healthcare Support (e.g. CNA, Patient Tech)
Personal Care & Service	Customer Service
Office & Administrative Support	Retail, Sales, & Related
What type of training do you need to get a job in the industry you want?	The classroom training that would satisfy my needs includes:

<b>Amount Time You Will Need for Occupational Skills Training ( Please circle)</b>	
<b>1 – 3 months</b>	<b>4 – 6 months</b>
<b>7 – 12 months</b>	<b>Over one year</b>
<b>1- 2 years</b>	<b>Over two years</b>

<b>Are you looking for FT or PT work?</b>	<b>Please Circle Yes or No</b>	<b>What is your primary source of transportation?</b>	
<b>What is your highest level of education? If college, degree studied?</b>		<b>What is your computer skill level?</b>	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<b>How would you describe your math skills?</b>		<b>How would you describe your writing skills?</b>	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<b>So we can best satisfy your needs, please tell us if you are homeless or at risk of homeless</b>		<b>Please identify other agencies you are currently receiving services from</b>	Workforce Investment Act (WIA) <input type="checkbox"/> Department of Labor <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Adult Education <input type="checkbox"/> Other <input type="checkbox"/> None

## Work History:

**Please list your last three jobs below:**

<b>Employer's Name</b>	<b>Job Title / Description of Work</b>	<b>Start Date/ End Date</b>	<b>City and State</b>

**How did you hear about SCSEP?**

- Department of Labor referral
- Referral from another agency
- Current / past participant
- Newsletter
- TV or radio broadcast
- Printed advertisement
- Other

**Thank you for applying to the Three Rivers Regional Commission's Department of Aging Service's Senior Community Service Employment Program. You will receive a letter in the mail a few days after your application is received.**