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|  COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF AGING Harrisburg, PA 17101 | PENNSYLVANIA DEPARTMENT OF AGING | |
| | 1. File Number: APD # 07-05-01 | 2. Disposition: Rescinds APD #06-05-01 and #96-05-02 |
| | 3. Issuance Date: May=24, 2007 | 4. Effective Date: Immediately |
| | 5. Program Area: Consumer Community Support Services Division | |
| 6. Origin: Bureau of Home & Community Based Services | 7. Contact: Rocco Claroni Consumer Community Support Services Division (717) 783-6008 | |

AGING PROGRAM DIRECTIVE

SUBJECT: SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP): ELIGIBILITY DETERMINATION, ASSESSMENT, INDIVIDUAL EMPLOYMENT PLAN (IEP), AND IEP RELATED TERMINATION REQUIREMENTS AND FORMS

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| <p>TO:</p> <p>EXECUTIVE STAFF ALLEGHENY COUNTY AAA ARMSTRONG COUNTY AAA BERKS COUNTY OFFICE OF AGING BUTLER COUNTY AAA CARBON COUNTY AAA LYCOMING/CLINTON BI-COUNTY OFFICE OF AGING DELAWARE COUNTY OFFICE OF SERVICES FOR THE AGING GREATER ERIE COMMUNITY ACTION COMMITTEE SOUTHWESTERN PA AAA, INC. EXPERIENCE, INC. - AAA EXPERIENCE WORKS, INC.</p> | <p>AGING SERVICES, INC. LANCASTER COUNTY OFFICE OF AGING LEHIGH COUNTY OFFICE OF AGING AND ADULT SERVICES LUZERNE/WYOMING COUNTIES BUREAU FOR AGING NORTHAMPTON COUNTY AAA NORTHUMBERLAND COUNTY AAA PHILADELPHIA CORPORATION FOR AGING SCHUYLKILL COUNTY OFFICE OF SENIOR SERVICES AAA OF SOMERSET COUNTY WAYNE COUNTY AAA AAA OF WESTMORELAND COUNTY</p> |
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FROM: 
 William Johnston-Walsh
 Deputy Secretary
 Pennsylvania Department of Aging

LEGISLATIVE & REGULATORY

**LEGISLATIVE &
REGULATORY
REFERENCES:**

Older Americans Act of 1965, as amended (42 U.S.C. 3056, *et seq.*), 20 CFR Part 641, Sections 641.531 and 641.580(e), dated April 9, 2004, Training and Employment Guidance Letter 12-06, and Older Worker Bulletins 96-1 and 96-11.

PURPOSE:

The purpose of this Aging Program Directive is to distribute forms for use in the SCSEP and to provide new requirements of the program. The forms pertain to requirements for documentation of eligibility and for conducting participant assessments and developing IEPs. Previous documents issued in APD #96-05-02 are no longer to be used.

BACKGROUND:

Training and Employment Guidance Letter (TEGL) 12-06, Revised Income Inclusions and Exclusions and Procedures for Determining SCSEP Eligibility, issued December 28, 2006, provided administrative guidance on income definitions and income exclusion and inclusion standards for eligibility determination. This APD incorporates the requirements of TEGL 12-06. The APD also revises the assessment and IEP forms with the goal of strengthening the assessment and IEP process at the sub-grantee level. The APD also rescinds APD #06-05-01 and incorporates its content into this policy directive.

ELIGIBILITY

DETERMINATION: The documents contained in Attachment 1 must be completed in accordance with the corresponding instructions in the attachment when determining SCSEP eligibility for new applicants, recertifications and reenrollments. These documents, along with the source documents used to determine eligibility, must be maintained in the participant's file. Other documents that must be maintained in the participants file are: Employment Eligibility Verification Form (I-9), signed acknowledgement of orientation, original assessment with two annual updates, IEP with updated actions, community service assignment(s) with position descriptions and any personnel actions as appropriate (IEP warnings, grievances, etc.). A copy of the offer of a physical exam or a signed waiver of the physical exam must be kept in a separate locked file.

Recertification information and documentation must be maintained in the participant's file. Recertification of each participant's income must be conducted at least once in a 12-month period. There is no self recertification. For all recertifications, page 7 of the SCSEP Participant Form which is contained in Attachment 1, must be completed and maintained in the participant's file. The Verification of Eligibility form, which is contained in Attachment 1, along with all source documentation must be completed and attached to page 7 of the SCSEP Participant Form. The United States Department of Labor (USDOL) recommends that a date be picked for recertification and this date be used each year for recertifications. The USDOL recommends February or March to align with the publication of the new federal poverty guidelines.

Assessment

The assessment form contained in Attachment 2 is intended to serve as an instrument to assure that the assessment conducted for each participant meets the minimum requirements of Older Worker Bulletin No. 96-1, which is included

in this APD as Attachment 3. The minimum requirements of an assessment are as follows:

- It must be made in partnership with each participant.
- It must consider the skills, talents, training, work history, and capabilities of the participant.
- It must identify appropriate training and employment objectives of the participant.
- It must identify needed support services of the participant.
- It must be the basis for the IEP.
- It must be the basis for the host agency assignment.
- It should be signed by both the participant and the staff member who conducted the assessment.
- It, along with the IEP, must be updated at least twice in a 12-month period.

A good assessment provides the most effective framework for identifying "most in need" participants. It also establishes the IEP foundation and guides the decisions on the community service assignment, training goals, and eventual placement and retention strategies. The assessment process is the information-gathering stage as opposed to the IEP which is the decision-making stage.

One of the steps to a successful assessment process is to establish the SCSEP requirements and participant expectations during participant orientation. Participant orientation should be provided prior to conducting the assessment and developing the IEP and after eligibility determination. During participant orientation, it needs to be made very clear to the participant about what is expected from them if they are enrolled in SCSEP. Participants need to be made aware during orientation that the community service assignment is training for a job and not a job in itself. It must also be stressed that the participant must be seeking a job during enrollment. Orientation is the time to decide if SCSEP is the right fit for the participant.

A second step to a successful assessment is to recruit host agencies (training sites) that support both the goals of SCSEP and the participant's assessed needs and IEP. It is very important to note that SCSEP is a training program designed to meet the needs of participants and not the needs of host agencies. Host agencies do not own slots nor do they have positions to be filled by SCSEP.

Another crucial step to a successful assessment is that staff members understand the resources available in the community prior to conducting the assessment. This will require staff members to be trained about the other programs and services in the community that are available to assist participants.

All information gathered during the assessment and reassessment is to be used to develop or update IEPs for Participants. It should be noted that if an assessment has already been performed and an IEP developed under Title I of the Workforce Investment Act (WIA), the WIA assessment and IEP will satisfy the requirement for a SCSEP assessment and IEP.

IEPs

The IEP, which is contained in Attachment 4, is a plan developed from the information gathered during the assessment. It is used as a guide to achieve the participant's employment goal(s). The IEP addresses the training needs of the participant as well as strategies to overcome any barriers to employment. The IEP contains appropriate community assignments with rotation times.

Rotating a participant's assignments is necessary when a participant has completed his or her training at a host agency and the host agency is not interested in hiring the participant. Rotation of assignments allows greater access to a wider variety of job skills training as well as improving unsubsidized placement potential. Rotation also encourages host agencies to hire participants and it motivates participants who could become too comfortable in a position and neglect their job search responsibilities. The length of time at a host agency must be based on the IEP. Sub-grantees cannot arbitrarily set durational limits for community service assignments before rotating a participant.

Older Worker Employment Specialists (OWES) who develop IEPs with participants must be knowledgeable of current and potential host agencies, the local job market, qualifications for jobs, available training opportunities, basic education training locations, and services provided by local human service agencies. Any training provided to participants through host agency assignments, On-the-Job Experience, classroom, etc. must be closely tied to the needs of the local labor market. The training must provide participants with the skills/knowledge to be able to compete for demand driven jobs. The host agency training/position description should reflect the skills to be learned while the participant is in the assignment. O-Net (<http://online.onetcenter.org/>) should be used as a resource to develop participant training needs at the host agency and the amount of time needed to accomplish the training.

The IEP must contain a series of specific, detailed action steps of how the participant will acquire the necessary skills for employment, obtain essential education, overcome a barrier to employment, etc. A measurable outcome must be associated with each action step. Deadlines must be established for achieving each action step. Examples of action steps that could appear in an IEP are: attending job interviews, accepting an initial or alternative assignment, registering at CareerLink, improving personal habits or appearance, participating in workshops, training, etc. Each action step must be obtainable by the participant. Action steps are meant for the participant to obtain success, not failure. The host agency supervisor must be involved in the participant's IEP because he/she is providing the participant training during the community service assignment.

The OWES must follow-up on an on-going basis to determine if the IEP goals are still attainable or if additional steps are warranted. It is important to note that there cannot be any follow-up without a specific IEP. The OWES must know exactly what it is they are following up on and the participant must know exactly what it is they are expected to do. If a participant is clear as to what is expected of them in the IEP and they choose not to adhere to these expectations, they can be terminated. This is an IEP related termination. The procedures to be followed for IEP Related terminations are contained in Attachment 5.

Waivers

Area Agencies on Aging (AAAs) which operate a combined AAA/National SCSEP Sponsor program or that contract with a National SCSEP Sponsor may request a Waiver in order to use the National SCSEP Sponsor Eligibility Determination, Assessment and IEP forms for all participants served. The waiver request should include a copy of the applicable alternate forms.

Attachment 1

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
VERIFICATION OF ELIGIBILITY FORM INSTRUCTIONS

There are four eligibility requirements for the Senior Community Service Employment Program (SCSEP). These are age, income, residence and the applicant must be unemployed at the time of the application. Written documentation must be maintained in the applicant/participant's file for age, residence, income and family size. Examples of acceptable documentation are stated on the attached Verification of Eligibility Form (VEF). The applicant/participant's signature on the attached SCSEP Participant Form (PF) will serve as the attestation that the applicant/participant has provided truthful and accurate information. The completed VEF, all applicable source documents, the income calculation worksheet and a completed SCSEP PF must be maintained in the applicant's file. If a participant is performing the eligibility determination, then both the participant and a non-participant staff member must also sign and date page 6 of the SCSEP PF.

For documentation in the **Proof of Age** section, check the source of information presented and reviewed. One document is sufficient. A copy of the source document used to determine age eligibility must be maintained in the applicant's file.

For documentation in the **Proof of Income** section, check all documents presented and reviewed. For proof of income, all applicable sources of income must be checked. In verifying income and determining income eligibility, staff must use the most recently issued Training and Employment Guidance Letter (TEGL) from the U.S. Department of Labor (USDOL) that contains the federal poverty guidelines. Staff must also use the most recently issued TEGL from the USDOL concerning Income Inclusions and Exclusions and Procedures for Determining SCSEP Eligibility. As of the date of this APD, TEGL 12-06, dated December 28, 2006 must be used when determining income eligibility. The attached Income Calculation Worksheet must also be used in determining income. A copy of the completed worksheet must be retained in the applicant's file along with the source documents used to determine income eligibility.

For documentation in the **Proof of Residence** section, check the source of information presented and reviewed. One document is sufficient. A copy of the source document used to determine residence eligibility must be maintained in the applicant's file. Applicants/Participants must reside in Pennsylvania to be eligible for SCSEP. Further, the applicant/participant should also reside in the AAA or PDA SCSEP subcontractor's Planning and Service Area (PSA). If an AAA or PDA SCSEP subcontractor wishes to serve an individual from a contiguous county that is not in their PSA, they must request and receive written permission to serve the individual from the AAA or PDA SCSEP subcontractor in the contiguous county.

For documentation in the **Proof of Family Size** section, check the source of information presented and reviewed. One document is sufficient. A copy of the source document used to determine family size must be maintained in the applicant's file. Income tax forms must be included in the applicant/participant's file when an applicant/participant is claimed as a dependent of a family member with whom they reside. To be considered a family of one due to disability, appropriate medical documentation must be provided and kept on file. Self-certification is not permitted.

VERIFICATION OF ELIGIBILITY FORM

Name of Applicant: _____

Initial Application _____ Reenrollment _____ Recertification _____

Check the type of documentation presented and reviewed for all four eligibility criteria below.

PROOF OF AGE

Birth Certificate _____ Federal, State or Local ID _____
Drivers License _____ Military ID _____
Passport _____ Social Security Documents _____
Other (Specify) _____

PROOF OF INCOME

Earnings _____ Rents _____
Social Security _____ Royalties _____
Survivor Benefits _____ Estates _____
Pension _____ Trusts _____
Interest Income _____ Educational Assistance _____
Dividends _____ Alimony _____
W-2 Forms _____
Other (Specify) _____

PROOF OF RESIDENCE

Driver's License _____ Phone Directory _____
Rent Receipt _____ Tax Bills _____
Utility Bills _____ Voter Registration Card _____
Other (Specify) _____

PROOF OF FAMILY SIZE

Court Decree _____ Marriage Certificate _____
Landlord Statement _____ Tax Return _____
Lease _____ Housing Records _____
Other (Specify) _____

Is the applicant presently unemployed? YES _____ NO _____

SCSEP Participant Form

OMB Approval Number: 1205-0040

Expiration Date: 8/31/09

Sub-grantee _____

Local Site _____ East/West _____

Participant Information

1. Last name _____ 2. First name _____

3. Middle initial _____ 4. Social Security # _____

5. Home phone number (____) _____

6. Mailing address

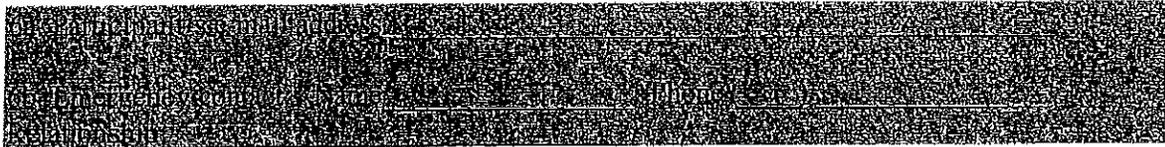
a. Number and Street, Apt. Number; or PO Box

b. City

c. State

d. ZIP Code

e. County



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. Food Stamps
- f. Subsidized housing
- g. Social Security Disability (SSDI)
- h. Other (specify) _____

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ETA-9120
(Revised August 2006)

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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 for last six months, 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 _____

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)

a. American Indian or Alaskan Native

b. Asian

c. Black, African American

d. Native Hawaiian/Pacific Islander

e. White

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

18=master's degree

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

22. Limited English Proficiency (LEP) Yes No

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. Literacy skills deficient? Yes No

25. Veteran (or qualified spouse of veteran)?

- a. Non-qualified veteran b. Qualified veteran
 c. Qualified spouse of veteran d. None of above

26. Disability? Yes No Did not voluntarily report

27. Cultural, social, or geographic isolation? Yes No

28. Displaced homemaker? Yes No

29. Other social barriers? Yes No

If yes, specify _____

30. Poor employment history or 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. Section 502(e) with this project
 f. Section 502(e) with another project _____ (specify grantee code)
 g. Other (specify) _____
 h. None

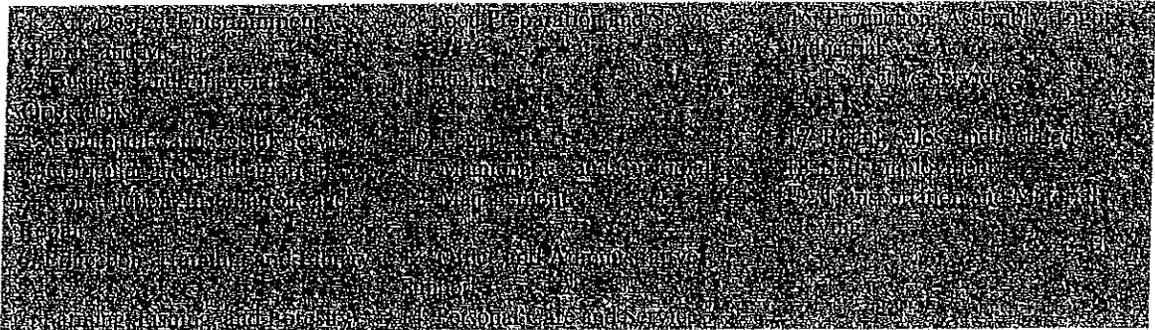
40a. Date of orientation _____ (MM/DD/YYYY)

40b. Date of last physical or waiver _____ (MM/DD/YYYY)

40c. Date of last IEP _____ (MM/DD/YYYY)

SCSEP Participant Form

Add job interest codes



41. Enrollment comments

42. Signature of director or authorized representative

43. Date of eligibility determination

_____ (MM/DD/YYYY)

43a. Is participant deceased? Yes No

SCSEP Participant Form

Recertification

44. Number in family _____

45. Total includable family income for last six months, 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)

51. Recertification comments

SCSEP INCOME CALCULATION WORKSHEET

Name of Applicant/Participant: _____ Date: _____

Initial Application Reenrollment Recertification Calculation Method: 6 Month (Annualized) 12 Month

(Additional Sheets May Be Used)

| <u>Sources of Includable Income</u> | <u>Participant/Applicant</u> | <u>12 Month or 6 Month Annualized Total</u> | <u>Family Member</u> | <u>12 Month or 6 Month Annualized Total</u> |
|---|----------------------------------|---|----------------------------------|---|
| 1. Gross Social Security (Include only 75%) | \$ _____ X _____ mos. = \$ _____ | _____ | \$ _____ X _____ mos. = \$ _____ | _____ |
| 2. Wages | \$ _____ X _____ mos. = \$ _____ | _____ | \$ _____ X _____ mos. = \$ _____ | _____ |
| 3. Pension | \$ _____ X _____ mos. = \$ _____ | _____ | \$ _____ X _____ mos. = \$ _____ | _____ |
| 4. Other (Specify) _____ | \$ _____ X _____ mos. = \$ _____ | _____ | \$ _____ X _____ mos. = \$ _____ | _____ |
| 5. Other (Specify) _____ | \$ _____ X _____ mos. = \$ _____ | _____ | \$ _____ X _____ mos. = \$ _____ | _____ |
| 6. Other (Specify) _____ | \$ _____ X _____ mos. = \$ _____ | _____ | \$ _____ X _____ mos. = \$ _____ | _____ |
| 7. Total | | \$ _____ | | \$ _____ |
| Total Includable Income (Applicant/Participant plus Family Member) \$ _____ | | | | |

NOTES: Excludable income, comments.

Attachment 2

Earnings: \$ _____ per _____
Tasks you did at work: (Please start each task with an action word, such as "Operated..." or "Filled...", "Prepared...", "Sold...", "Repaired...")

Reason for Leaving: _____

TRAINING AND EDUCATION (Please complete all that apply)

Formal Education

School: _____

Location: _____

Degree/Diploma Earned: _____

Skills Attained: _____

School: _____

Location: _____

Degree/Diploma Earned: _____

Skills Attained: _____

Highest Grade Attained: _____

If Less than High School, is GED, Adult Education, Literacy or ESL Desired?

Yes _____ No _____

Training

Vocational Training: _____

Adult Education: _____

Specialized Certification or License: _____

Skills and abilities independently acquired (through hobbies, self-study, or unpaid work):

Other: _____

How do you rate your reading skills? Excellent _____ Good _____ Fair _____ Poor _____

How do you rate your math skills? Excellent _____ Good _____ Fair _____ Poor _____

Results of any recent vocational, reading, math or other testing: _____

JOB NEEDS, REQUIREMENTS, AND INTERESTS

Why do you want employment or enrollment? _____

What do you expect from the older work program? _____

How many hours per week do you want to work? _____

How far are you willing to travel? _____

Expected Pay? _____

Which previous jobs or duties did you like most, and why? _____

Which previous jobs or duties did you like least, and why? _____

Special job achievements or awards? _____

Type of occupation you prefer? _____

Type of business or industry you prefer? _____

WHAT DO YOU VALUE MOST IN A JOB? (Check the three most important to you)

- | | | |
|--|--|--|
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Leadership | <input type="checkbox"/> Working with people |
| <input type="checkbox"/> Being with children | <input type="checkbox"/> Learning new skills | <input type="checkbox"/> Working with my hands |
| <input type="checkbox"/> Business goals | <input type="checkbox"/> Making decisions | <input type="checkbox"/> Working on my own |
| <input type="checkbox"/> Challenge | <input type="checkbox"/> Recognition | |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Self confidence | |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Technology | |
| <input type="checkbox"/> Friendship | <input type="checkbox"/> Using skills I have | |
| <input type="checkbox"/> Helping others | <input type="checkbox"/> Wages | |

Explain or add others: _____

EMPLOYMENT SKILLS, TALENTS, APTITUDES, HOBBIES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Fashion/decorating | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Building trades | <input type="checkbox"/> Fixing things | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Caring for adults | <input type="checkbox"/> Food Service | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Caring for children | <input type="checkbox"/> Gardening | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Caring for animals | <input type="checkbox"/> Health care | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Homemaking | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Languages | <input type="checkbox"/> Supervising |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Leadership | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Mechanics | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Music | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Organizational things | <input type="checkbox"/> Typing/keyboard |
| <input type="checkbox"/> Exercise Activities | <input type="checkbox"/> Problem solving | |

Explain or add others: _____

Your current job goal(s)? _____

To the best of your knowledge, what educational and occupational skills are needed to pursue this goal? _____

What may prevent you from getting a job? Will problems with any of the following affect your ability to perform a host agency assignment or conduct an active job search? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Age discrimination | <input type="checkbox"/> Limited English | <input type="checkbox"/> Inability to Read |
| <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Inability to Write |
| <input type="checkbox"/> Earnings will decrease other benefits | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other (List) |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Work Experience | |
| <input type="checkbox"/> Job Search Skills | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Inability to relocate | <input type="checkbox"/> Health/disability | |
| | <input type="checkbox"/> Lack of GED | |

Could you start a job if one was offered this week: Yes _____ No _____ If No, why not? _____

Will you lose any benefits because of wages received from a community service assignment or an unsubsidized job? (Please describe) _____

Are there any other limitations or circumstances that should be considered in developing a training plan or work assignment for you? _____

I understand that the purpose of this form is to assess my preference of occupational categories, work history, skills, interests, talents, capabilities, need for supportive services, aptitudes, potential for performing community service employment duties, and potential for employment. If I am enrolled, this information will be used in planning to achieve my job goal(s).

Participant/Applicant Signature

Date

Staff Signature

Date

Attachment 3



FEB 07 1996

OLDER WORKER BULLETIN NO. 96-1

TO: ALL SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
SPONSORS

SUBJECT: Minimum Assessment Requirements

1. Purpose. To provide Senior Community Service Employment Program (SCSEP) sponsors with the minimum requirements for enrollee/applicant assessments.
2. References. The SCSEP regulations at 20 CFR 641.309(g) and the Older Americans Act at 502(b)(1)N.
3. Background. The regulation which was published on 5/17/95 for the SCSEP indicated that the Department of Labor would issue minimum requirements for enrollee assessments, 641.309 (g); eligibility documentation, 641.302 (c); and Individual Development Plan (IDP) terminations, 641.315. In July, a work group consisting of State and national SCSEP sponsors prepared draft standards for these regulatory related matters. A number of sponsors provided comments which we are incorporating into our final issuances.

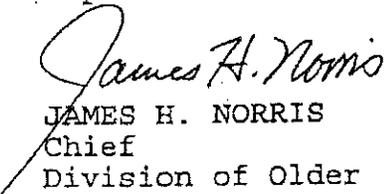
This bulletin is the first of a series of issuances which are intended to clarify the SCSEP regulations. Future issuances will provide guidance on eligibility documentation, IDP terminations, and physical exams.

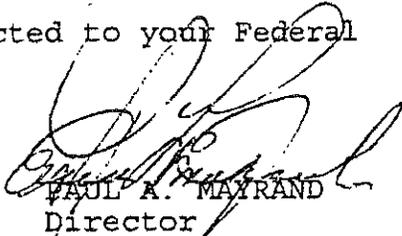
4. Directive. SCSEP sponsors must adhere to the minimum assessment requirements found in Section 5 of this bulletin "Minimum Assessment Requirements." They should consider the attachment as guidance on what an assessment should contain. Sponsors may institute more stringent requirements but this bulletin must serve as the framework for developing enrollee/applicant assessments.
5. Minimum Assessment Requirements. SCSEP sponsors must adhere to the following minimum assessment requirements.
 - * The assessment/reassessment shall be made in partnership with each enrollee.
 - * The applicant's/enrollee's skills, talents, training, work history and capabilities must be considered.
 - * Appropriate training and employment objectives should be identified.

- * Needed support services should be identified.
- * The assessment and/or reassessment must be the basis for the Individual Development Plan (IDP).
- * The assessment must be the basis for the community service assignment.
- * The assessment should be signed by the applicant/enrollee and the project staff member who helped develop it.

It is expected that the assessments will be conducted by the grantee or subgrantee rather than the host agency. Assessments which are done entirely by host agencies should be avoided.

6. Inquires. Questions may be directed to your Federal Representative at (202) 219-5904.


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Chief
Division of Older
Worker Programs


PAUL A. MAYRAND
Director
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Attachment

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

20 CFR PART 641.309 ASSESSMENT AND REASSESSMENT OF ENROLLEES

PREAMBLE. In developing assessments for Senior Community Service Employment Program (SCSEP) enrollees, the following characteristics should be built into the process;

- o **Trust.** The relationship that evolves from working with an enrollee or applicant should be based on trust. While it is impossible to require that a trusting relationship be developed, there are basic principles such as honesty, integrity, rapport, respect, and commitment that should be adhered to by all parties involved in the assessment process.
- o **Priority.** The regulatory requirement that the most needy persons with the poorest employment prospects are given priority for enrollment in the SCSEP must be addressed in the assessment process. This means that the assessment process is designed to fully consider all applicants who apply to the individual SCSEP projects.
- o **Flexibility.** The process must be flexible enough to accommodate the needs of the individual. Each individual and his/her specific needs will vary; the grantee assessment process must take this into consideration.
- o **Realistic.** The assessment process must be reality based to facilitate the individual's successful performance consistent with the jointly developed plan.
- o **Diversity.** The assessment process should recognize the need for staff to be culturally sensitive and aware of the impacts of different cultural experiences.
- o **Continuing Assessment Process.** An essential part of the assessment process is that it be designed to encourage positive interaction between the enrollee and the SCSEP staff as well as the host agency supervisor. The most successful projects have a continuing interaction with the enrollee during the year rather than only the minimum requirement of an assessment once every twelve months.

- **Potential for Growth within Community Service Assignment.** The ability of some enrollees to perform in an unsubsidized job may be very limited. The assessment process must acknowledge that everyone may not be a good candidate for an unsubsidized position. However, such persons should be given the opportunity to broaden their experiences as individuals at their community service assignment.
- **Inability to Cope/Work.** The assessment process must include provisions for addressing barriers. Enrollees who do not have basic skills to function at a host agency or in an unsubsidized setting need to be assisted on an individual basis. To address these needs, grantees should seek support services in the community.
- **Imposing Values.** Staff may provide guidance and direction to enrollees who are unfamiliar with local customs, or methods of conducting employment related activities. However, to the extent feasible, the assessment process should respect the values of the enrollees.

THE ASSESSMENT PROCESS

The assessment process can be put into context by examining it in stages. The outline which follows focuses on different stages in the assessment/IDP process.

Sponsors are also reminded that assessments prepared for other employment and training programs may be used if they have been prepared within a year prior to the individual applying to the SCSEP. (641.309(h))

STAGE I - ELIGIBILITY DETERMINATION. The eligibility determination is part of the overall assessment process.

- o Note: Minimum standards for complying with age, income and residency requirements are addressed under section 641.305 of the SCSEP regulation.

STAGE II - INFORMATION GATHERING.

- o **Most Suitable Community Service Assignment (CSA).** An interview shall be conducted with each enrollee to determine the most suitable community service assignment. The community service assignment should accommodate the needs of the applicant/enrollee. The needs of the host agency or project are to be considered secondary to those of the applicant/enrollee.
- o **Appropriate Employment & Training Objectives.** An interview shall be conducted with each enrollee to identify the appropriate employment and training objectives.
- o **Prepare Assessment in Partnership with Enrollee.** The assessment shall be made in partnership with the new enrollee.
- o **Consider the enrollee's:**
 - preferences
 - history, including all aspects such as work, practical life experiences (homemaking/parenting), military service, education, personal background, training.
 - skills
 - interests
 - talents
 - physical capabilities

- need for supportive services
 - aptitudes
 - potential for performing CSA
 - potential for transition to unsubsidized employment
 - training needs
 - reason for applying to / and expectations of the program
 - barriers
- o **Identify abilities.** The assessment of each enrollee shall take into consideration his/her physical capabilities.
 - o **Require consistency with RA/ADA.** Assessments for physical ability shall be consistent with section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 (ADA)
 - o **Assignment.** Grantees shall seek a community service assignment which will permit the most effective use of each enrollee's skills, interests and aptitudes.

STAGE III - Individual Development Plan (IDP) The Individual Development Plan (IDP) is based on the assessment and reassessment. Some points to consider in the IDP are the following;

- o **Expandable goals.** The goals developed shall be expansive (but clearly defined) and include items such as:
 - employment
 - training needed
 - community service assignment
 - quality of life
 - aspirations
- o **Mutual partnership.** The IDP shall be:
 - developed in partnership with the enrollee.
 - contain the signatures of enrollee and appropriate staff
- o **Action Steps with Approximate Time Frames.** The IDP shall include specific:
 - action steps;
 - approximate dates for undertaking and completing the action steps

- o **Appropriate supportive services.** The enrollee's supportive services identified in the assessment shall be reflected in the IDP. To the extent practicable, plans to provide the needed services should be described.
- o **Assessment/reassessment.** The grantee shall use the assessment or reassessment as a basis for developing or amending an IDP.

STAGE IV - **Reassessment/Recertification.** The reassessment can be a continuous process but must be done at least once every twelve months. It may be prepared when the eligibility recertification is done and should include consideration of previous assessment findings.

- o **Update the IDP and Conduct a 12 Month Review**
 - evaluate progress
 - explore needed supportive services
 - determine potential for transition
 - review employment and training objectives
 - demonstrate mutual partnership, in development of time frames with specific actions
 - link with joint enrollee/staff signatures.
- o **Consider alternative community service assignments**
 - assess potential for greater opportunity(ies)
 - enhance potential for transition to unsubsidized employment
 - consider best interest of enrollee
 - determine training opportunities

Attachment 4

Individual Employment Plan

Sub-Grantee Name: _____
Participant Social Security #: _____

Name: _____
Job Goal(s): _____

Desired Work Location(s): _____

Work Preferences: PT FT Either Shift Preference: 1st 2nd 3rd Weekend
Transportation Available: Yes No

Needs & Requirements to Pursue Goal (Check those to include in plan)

- Occupational skills training.....
- Job Search skills training.....
- GED/High School Diploma.....
- Literacy.....
- Certification/License.....
- Job experience through a Community Service Assignment
- ESL.....
- Self-presentation skills.....
- Other (specify).....
- Other (specify).....
- Other (specify).....
- Other (specify).....

Strategy, Action or Resource (Specify)

Supportive Services Needed (Check as applicable)

- Transportation.....
- Nutrition.....
- Care for family member(s).....
- Benefits counseling.....
- Housing.....
- Other (specify).....
- Other (specify).....
- Other (specify).....
- Other (specify).....

Referral or Source of Assistance (Specify)

(Use additional sheet if necessary)

Re-Assessment

Date: __/__/__ Signed: _____ (Participant) _____ (Staff member)

Objectives achieved:

Any change in job goal:

New training objectives to be achieved:

New support service objectives to be achieved:

Date: __/__/__ Signed: _____ (Participant) _____ (Staff member)

Objectives achieved:

Any change in job goal:

New training objectives to be achieved:

New support service objectives to be achieved:

Date: __/__/__ Signed: _____ (Participant) _____ (Staff member)

Objectives achieved:

Any change in job goal:

New training objectives to be achieved:

New support service objectives to be achieved:

Date: __/__/__ Signed: _____ (Participant) _____ (Staff member)

Objectives achieved:

Any change in job goal:

New training objectives to be achieved:

New support service objectives to be achieved:

Attachment 5

SCSEP IEP Related Termination Policy

It is very important to note that the IEP Related Termination process should only be used as a last resort. All other options must be explored before using this process to terminate a participant. Prior to implementing a IEP Related Termination, SCSEP contractors must provide all participants with information on the rules for IEP Related Terminations. The PDA's SCSEP contractors shall present the rules for IEP Related Terminations during orientation. If orientation has already been provided to a participant(s), then the rules for IEP Related Terminations should also be conveyed to all participants during a participant meeting. The PDA's SCSEP contractors shall also include the rules for IEP Related Termination in the SCSEP participant handbook or similar document.

An IEP Related Termination must be a logical consequence of the agreements established between the participant and the project staff in the jointly signed IEP. The IEP must clearly and accurately reflect the goal(s) of the participant and what action steps are required of the participant to meet the goals. If the participant is unable or unwilling to commit to fulfilling the jointly (participant and SCSEP staff) signed IEP agreement, it is essential that this lack of commitment be determined and resolved early in the process.

The PDA's SCSEP contractors must send a corrective action letter to a participant when the participant's performance is inconsistent with the jointly signed IEP agreement. A corrective action letter means a document conveyed to the participant in person, if possible, that contains information regarding a specific incident where the participant failed to fulfill his or her IEP responsibility. The letter shall list the specific event; cite the jointly signed agreement provision; and provide a period of 30 days to take corrective action. If the participant takes corrective action within the 30-day period and the PDA SCSEP contractor is satisfied with the corrective action, the incident of non-compliance that was corrected can no longer be used to terminate the participant in the following situations, provided that these situations are a part of the participant's IEP.

1. The participant refuses to accept the referral of an interview at an employer's place of business.
2. The participant deliberately undermines the job interview.
3. The participant refuses training opportunities provided by WIA, SCSEP, Adult Education, etc.
4. The participant refuses to accept an initial or alternative community service assignment.
5. The participant refuses to register for employment opportunities at the local CareerLink.
6. The participant refuses to accept any supportive services that will impact on the ability of the participant to fully participate in the community service assignment or referral to an unsubsidized job.
7. The participant refuses to participate in the SCSEP subcontractor developed or arranged activities such as job search workshops and resume development.

Participants who accumulate at least three incidents involving non-compliance with the actions contained in the IEP may be terminated via the IEP Related Termination Process. These incidents can be the same, such as refusing to show up for a job interview on three different occasions. They can also be three different incidents, such as refusing to register for employment opportunities at the local CareerLink, refusing to accept an alternative community service assignment and refusing to participate in a job search workshop. Again, all of the incidents of non-compliance must be part of the IEP. The corrective action letters should be progressive in that the first letter should serve as a warning and the second and third letters should emphasize that in the event of no satisfactory corrective action, the participant will be terminated.

In the event that a termination letter is sent following three unsuccessful corrective action letters, the termination letter must state the participant's right to appeal, the appeal procedure with the appropriate time frames and the name of the person to whom the appeal should be made. Anyone with direct responsibility in the IEP Related Termination decision should recuse himself or herself from the appeal process.

An IEP Related Termination would not be considered appropriate under the following extenuating circumstances:

1. When occurrences are not within control of the participant, e.g. transportation is not available to training or an unsubsidized job;
2. When situations such as the death of a closely related person or partner or a physical condition impact the training or work situation;
3. When the training or unsubsidized job places undue hardship on the participant that exceed those of the community service assignment;
4. When the proposed unsubsidized employment is more costly to the participant than the SCSEP position; and
5. Other related reasons for an IEP Related Termination should be considered on a case-by-case basis. Extenuating circumstances shall not warrant a corrective action letter being sent to the participant.