

**CHICAGO DEPARTMENT OF FAMILY
AND SUPPORT SERVICES
SENIOR SERVICES,
AREA AGENCY ON AGING**



**Senior Community
Service Employment
Program**

**Trainee Handbook
July, 2012**



Senior Community Service Employment Program

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Senior Community Service Employment Program

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Sponsor

Chicago Department of Family and Support Services Senior Services, Area Agency on Aging

In its original form, Senior Services Area Agency on Aging was established in 1956 as the Mayor's Commission for Senior Citizens, the nation's first municipal office on senior services. Thereafter it evolved into the Mayor's Office on Aging and Disability in January 1972. Aging was separated as a City agency established by the Mayor to recognize the expressed wishes of the elder and insure their effective representation in City government. In January 2008 the former Chicago Department on Aging changed its name to the Chicago Department of Senior Services to place emphasis on a wide array of programs and services offered by the Department. Effective January 2009 this City agency was merged with several other City agencies to create the Chicago Department of Family and Support Services (FSS).

The Department's mission is dedicated to supporting a continuum of coordinated services to enhance the lives of Chicago residents, particularly those most in need, from birth through the senior years. The Department works to promote the independence and well-being of individuals, support families and strengthen neighborhoods by providing direct assistance and administering resources to a network of community-based organizations, social providers and institutions.

As the City government's lead agency for older persons and the Area Agency on Aging for Chicago under the Older Americans Act, Senior Services Area Agency on Aging's goal is to create options for an aging society. We can continue to do this by:

- ▶ Supporting older persons to live independently in their own communities and homes for as long as possible;
- ▶ Always protecting the most vulnerable and frail from abuse;
- ▶ Ensuring that those who reside in institutions are treated with dignity and care; and
- ▶ Providing older persons full and accurate information.

Senior Services Area Agency on Aging is part of a vast national network of services and programs to protect the rights and support the needs of the nation's seniors. This network includes the Administration of Aging at the Federal level, State Units on Aging at the State level, Area Agencies on Aging at the Regional level and local community service providers. All work together to serve our nations's seniors.

With nearly 50 years of planning, coordination and advocacy, Senior Services today serves 180,000 seniors each year. By offering community service opportunities to Chicago's seniors, the Senior Community Service Employment Program is an appropriate component of Senior Services' service network. Senior Services has sponsored and successfully operated the Senior Community Service Employment Program since the early 1980s.

Senior Services has many other programs and services which help senior citizens remain independent and help improve their quality of life including: Meals on Wheels, Golden Diners Program, the Benefits Eligibility Checklist Program, Information and Assistance, Case Management, Chicago Fitness Plus, Health Promotion and Medication Management, Chore, Case Advocacy, Housing Assistance, Legal Assistance, Family Caregiving Support, Elder Abuse, Grandparents Raising Grandchildren, and Respite.

Introduction

What is Senior Community Service Employment Program (SCSEP)?

The Senior Community Service Employment Program (SCSEP) is a temporary training and employment program which encourages and lengthens self-sufficiency by supplementing income while providing training, increased marketability, and opportunities for transition into unsubsidized employment for men and women ages 55 and over. In order to become a Trainee, an individual must fall within annually established Federal Income Guidelines, must be unemployed and be a resident of the City of Chicago.

The Senior Community Service Employment Program (SCSEP), sometimes referred to as Title V, is funded by the U.S. Department of Labor. Senior Services Area Agency on Aging receives SCSEP funds from the Illinois Department on Aging . As the Area Agency on Aging for Chicago, Senior Services provides SCSEP services within the City of Chicago.

SCSEP is designed to be used in conjunction with other programs and services. These programs are provided by public, private, and not-for-profit agencies to create a holistic service that will maximize trainees' abilities to achieve their employment goals. ***This program is not meant to be a long-term employment or retirement program.***

GOALS

GOALS OF THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The goals of this program are to:

- ▶ Upgrade job skills of the mature person for job placement.
- ▶ Provide added income during training.
- ▶ Help the mature person become involved in his/her community.
- ▶ Provide the local program community with needed service.
- ▶ Assist the mature worker to transition to unsubsidized employment.

GOALS OF TRAINEES

Your goals in entering this program should include:

- ▶ Develop an Individual Employment Plan
- ▶ Develop an Individual Assessment Plan
- ▶ Upgrade your job skills and work experience by attending specialized training sessions and through on-the-job experience providing community service.
- ▶ Seek employment opportunities beyond this program.
- ▶ Improve your living situation through paid training while preparing for work.
- ▶ Connect with your community and pursue community-related goals you may have.
- ▶ Pursue additional skill improvement through related programs and partner agencies.

The overall goal of this program is to help you build skills that improve your ability to find employment. This goal is achieved through a combination of on-the job training experience and specialized training. Additionally, other resources are often available that will improve your ability to contribute to your community or to a private organization and will ultimately lead to unsubsidized employment. The sponsors of this program can also offer support services including resume writing, interviewing skills development, and job search workshops to help you meet your employment goals.

RESPONSIBILITIES AND POLICIES

RESPONSIBILITIES OF TRAINEES

As a partner in the Senior Services' Senior Community Service Employment Program, you have certain responsibilities you must fulfill. If you do not understand or something is not clear, ask for clarification from your Senior Employment Program Project Manager.

Trainee Responsibilities include:

- ▶ ***Realizing that Title V is intended to be a bridge program to unsubsidized employment, not a temporary or permanent job.*** The Individual Employment Plan (IEP), in conjunction with the Training Assignment Description, drives the Title V program. As required by the program, the Trainee and the project Manager will create an Individual Employment Plan (IEP) providing action steps to develop the Trainee's skills and marketability for unsubsidized employment. The Host Agency Supervisor will be working in concert with the Trainee and the Project Director toward the achievement of these action steps and ultimate transition employment. ***Trainees are required to seek employment throughout their tenure with the program.*** Sponsors of the Title V program are required to assist a certain percentage of Trainees to secure unsubsidized employment each year. This enables Trainees to become self-sufficient sooner, while making program opportunities available to other mature workers in need of its benefits.
- ▶ ***Understanding the requirement to register at the Local Chicago Workforce Centers*** immediately upon enrollment in the Title V program and as specified in the IEP.
- ▶ ***Understanding that Trainees must be unemployed at the time of enrollment in SCSEP/Title V.*** Once trainees becomes employed, they must exit the program.
- ▶ ***Attending all Mandatory Title V meetings:*** failure to do so will result in disciplinary actions leading to receipt of a warning letter with subsequent failure to attend leading to exit from the program.
- ▶ ***Understanding that all Trainees are required to look for work outside the program: You should regularly check the job openings at your work site, check the Illinois Job Link website, follow up on job leads from your local project office (Senior Services), perform job search activities and make applications to employers on your own time. You may also be required to participate in job training activities designed to complement your host agency assignment and improve your opportunities for finding unsubsidized employment. The timing and implementation of your job search plan is detailed in your Individual Employment Plan (IEP) and follows the following stages:***

Stage 1 - As you begin your host agency assignment, it is not too early to start organizing your job search and begin looking for work. This begins with working with your Project Manager to finalize your IEP. During this initial stage, we recommend you make weekly contact with employers and keep the contacts listed on a job search log, so you can keep track of your job search efforts and follow-up calls.

Stage 2 - As your training progresses, you will then be ready to expand your job search by splitting your time at the host agency (work site) with paid job search. *For example*, Trainees may spend 18 hours a week at their host agency assignment and conduct a paid job search or training activity for the remaining 2 hours of their time. The Trainee may not substitute additional hours at the training assignment for job search/training activities as prescribed in the IEP. Your Project Manager will work with you to establish a job search schedule designed to help you find unsubsidized employment. Paid job search activities must be verified on the job search log provided to you by your Project Manager. Program Manager will follow up with employers contacts. Failure to complete the required job search plan will result in a written warning. Any subsequent infraction will lead to exit from the program.

Stage 3 - Attending Job Club or paid training activity. Job Club is scheduled periods of intensive paid job search activity. Training classes are four hours a day, one day a week for 7 to 8 weeks. During Job Club, the Trainee participates in activities that prepare him/her to successfully market him/herself for unsubsidized employment. Host Agencies (work sites) are expected to cooperate in this activity by releasing the trainee for these valuable Job Search Seminars. Refusal to attend such seminars will result in a written warning and any such subsequent absence will result in immediate exit from the program. Job Club may be held at host agencies, workforce centers or sister agencies.

It is totally at the discretion of the Project Manager to determine when the Trainee is ready to begin Stage 1, Stage 2 or Stage 3 of job search activity. In each case the IEP must be updated to include these changes to the plan for each Trainee, and the Project Manager must notify the Host Agency Supervisor at least one month in advance of the change in the Trainee's assignment and/or schedule.

- ▶ ***Time Sheets:*** Only the exact hours worked in a particular pay period may be reported on the time sheet for that pay period. To expedite processing of payroll, it is recommended the Trainee FAX time sheets at the end of their last day worked in each pay period. ***DO NOT FAX time sheets prior to working the hours shown on the time sheets. All time sheets must be signed by supervisor before faxing.*** Trainees should make a copy of time sheet for their records. Original time sheets must be mailed to the Payroll Department after faxing.
- ▶ ***Job Search Log*** - The Project Manager will give you and review with you specific written directions for acceptably completing the job search log. All Trainees must complete a job search log every month. See page 9 (Job Search Activity Information) for examples of job search activities. ***Failure to submit monthly job search log is cause for termination from the program.***

- ▶ ***Knowing the days and hours of the training assignment and arriving promptly:*** notifying the host site supervisor, within a minimum of one half hour of the assigned starting time, as to why it is necessary to be absent.
- ▶ ***Understanding that missing the training assignment due to illness,*** the trainee may be asked to submit a written return to work statement, including the date he/she is permitted to return to work and an authorized practitioner's signature, prior to returning to the Host Agency Assignment.
- ▶ ***Cooperating with the Supervisor and Host Agency along with the Title V Project Manager, who will be working in the best interests of the Trainee and within the Mandated Program Guidelines.***
- ▶ ***Accepting assignment directions*** and duties from the Host Agency Supervisor.
- ▶ ***Accepting any orientation, counseling, continuing education, and/or training as described in the IEP that may be necessary at the host site, other locations, or necessary to securing employment outside of the Program. NOTE:*** Refusal, 1) to follow the action steps described in the IEP, 2) to accept training or assistance in securing unsubsidized employment, 3) to make or keep interview appointments or 4), refusal to accept an offer from an employer for a viable unsubsidized position, or 5) to sabotage interviews is ground for exit from the program.
- ▶ ***Realizing that a Trainee is not permitted to volunteer extra hours to perform the regular training assignment at the host site.***
- ▶ ***Realizing that a Trainee may not be paid by any host agency for working additional hours; any such payment is considered unsubsidized employment and the Trainee must be exited from the Title V program, immediately, as employed.***
- ▶ ***Realizing that by working at a community-based organization, government agency, or nonprofit agency,*** you are building the skills and behaviors you need to be successful in obtaining a job and keeping it. You will learn the skills required by the job training site position and receive feedback from your job training site supervisor. Lastly, training in a realistic job environment provides learning and feedback that will help you be successful.
- ▶ ***Aiding both the Host Agency, Work site and the Project Manager to create a positive image for older workers*** by exhibiting: a good work ethic, a willing and positive attitude, punctuality, excellent attendance, cleanliness and good hygiene, appropriate attire, and neat appearance on the training assignment and all job search activities. If you find yourself in need of assistance in any of these areas, ask your Project Manager and/or host agency supervisor for advice and/or referral to an appropriate community resource.
- ▶ ***The Senior Community Service Employment Program holds safety as a critical program element.*** The safety and welfare of trainees is paramount. No task is so urgent that time cannot be taken to do so safely. Trainees and training sites are expected to exercise good judgement in preventing accidents. The following requirements should be followed at all times.

- ▶ Report any unsafe procedures provided by this program and the training site to which you are assigned.
- ▶ Read safety precautions provided by this program and the training site to which you are assigned.
- ▶ Use all personal protective equipment required for the task being performed as well as protective/appropriate clothing.
- ▶ Follow every precaution and safety rule at the work-training site.
- ▶ Report any accidents to your program coordinator, who will complete an Accident Report Form within 24 hours. Upon occurrence of the accident, immediately seek first aid and notify supervisor.

- ▶ ***Understanding that Trainee must sign a Waiver of Confidentiality/Unsubsidized Employment form and agree to provide relevant unsubsidized employment information to the Project Manager following acceptance of a job offer.***
- ▶ ***Understanding that a Trainee is not an employee, therefore cannot pay union dues or pay into a retirement plan (pension fund).***
- ▶ ***Understanding that a Trainee is not an employee, therefore is not eligible for unemployment compensation insurance.***

Job Search Activity Information

All SCSEP (Senior Community Service Employment Program/Title V) Trainees are required to report job-search related activities each month. **At least three of the job search activities must include direct contact with employers.** Other types of job search activities should also be noted. Examples of (*but not limited to*) direct contact with an employer and other types of job search activities are listed below.

Examples of Direct Contact with an Employer (at least three a month)

- ✓ Cold calling or visiting employers to inquire about job openings
- ✓ Filling out a job application in person
- ✓ Filling out a job application on line
- ✓ Responding to specific job opening in person, resume, application
- ✓ Calling to follow up on the status of your resume or job application
- ✓ Going on a job interview
- ✓ Attending a Job Fair and talking to Employers
- ✓ Meeting with a Career Counselor at "One Stop Career Center" for job search assistance and job leads (One Stop Career Centers are listed below)

Examples of Other Job Search Activities

- ✓ Updating your resume
- ✓ Identifying employment opportunities through the help wanted sections of local newspapers and keeping track of them on the attached form
- ✓ Asking community-based organization representative, asking your friends, and your site supervisor for job leads
- ✓ Finding job opportunities online/internet
- ✓ Going online to Illinois Skills Match (ISM) website to update skills and to check for job matches (Contact program Coordinator if help is needed)
- ✓ Going to the One Stop Career Centers to participate in workshops on resume writing, interview skills, using the Internet to identify job leads, etc. (One Stop Career Centers are listed below).

NOTICE: FAILURE TO FOLLOW THROUGH ON JOB SEARCH AND INDIVIDUAL EMPLOYABILITY PLAN (IEP) GOALS MAY RESULT IN TERMINATION FROM THE SCSEP-TITLE V PROGRAM.

ONE STOP CAREER CENTER LOCATIONS

Southwest Ctr. 7500 S. Pulaski 773-884-7000	Mid South/ King Ctr. 4334 S. Cottage 773-538-5627	Pilsen Center 1700 W. 18 th Street 773-994-8300	Northside Ctr. 4740 N. Sheridan 773-334-4747	Garfield Ctr. 10 S. Kedzie 773-722-3885
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RESPONSIBILITIES OF TRAINING SITES (HOST AGENCIES/SUBCONTRACTORS AND WORK SITES)

Each Host Agency/Work Site utilizing Title V Trainees have the following responsibilities, as well as those outlined in the Sub-contractors contract:

- ***To provide an Agency-related Training Assignment Orientation for the Trainee*** including, but not limited to: the Host Agency background and purpose, the Community Service (s) it provides, the location (s) and use of fire extinguishers and alarms, the posted designated route (s) of escape in the event of a fire, and a review of all other disaster action plans for the agency.
- ***To understand that the Individual Employment Plan (IEP) is the instrument which drives the SCSEP program for each Trainee.*** The Host Agency Supervisor will be working in concert with the Trainee and the Project Manager towards the Trainee's achievement of the action steps described in the IEP, including any corrective actions, required job search, and unsubsidized employment.
- ***To review and revise the Individual Employment Plan (IEP) every six (6) months and as frequently needed or required*** for those enrollees who will reach the maximum time limit in the current or next program year.
- ***To provide a written description of the proposed Training Assignment (s) to include the Supervisor name and his/her title, times and days the Trainee is to be at the Training Assignment, percentage of supervision time not to exceed 20% of the Trainee's hours, assignment responsibilities, additional training or skills that may be necessary to perform the duties of the assignment (which should be reflected in the IEP), agency services that are available to the Trainee, and assistance to be provided to the Trainee in securing unsubsidized employment by completing the provided Training Assignment Description Form for each Trainee.***
- ***To ASSIGN ONLY THOSE DUTIES that are a part of the Trainee's approved IEP/Community Service Training Assignment.*** To request prior approval of the Project Manager for any desired changes in the IEP or Assignment Description that would further the goals and plan contained in the IEP document.
- ***To review each Trainee Training Assignment Form during the quarterly Monitoring visits (more often, if necessary) and to cooperate in adjusting the Trainee's Assignment Description and/or IEP to enhance his/her marketability for unsubsidized employment.***
- ***To report any changes in Supervisor(s), training assignment site address, and telephone number to the Project Manager, immediately as they occur, by sending a letter to the Project Manager.***

- ***To understand that any background checks required by the the Host Agency (subcontractor) will be completed and paid for by the Host Agency.***
- ***To provide safe and sanitary working conditions for all Trainees.***
- ***To provide adequate supervision of all Trainees:*** If the assigned Supervisor is not on hand, there must always be a back up staff person present should the Trainee need assistance. ***No Trainee should be the only representative on the premises at any host agency (subcontractor) worksite.***
- ***To understand that trainees may not volunteer*** to perform their usual Community Service Training Assignment duties for extra hours.
- ***To provide any necessary training,*** continuing education, supportive services, and/or counseling for all Trainees as may be required by the IEP.
- ***To assure there is no discrimination*** against any Trainee with regard to race, color, creed, sex, sexual orientation, national origin, religion, disability, age, political affiliation or ancestry.
- ***To assure that efforts be made to assist Trainee (s) in securing Unsubsidized (Non-Title V) Employment*** at the host site and/or with another employer by ***1)*** considering the Trainee for any openings that may occur at the Host Agency (subcontractor). ***2)*** encouraging the Trainee to apply for all appropriate positions in the general community. ***3)*** encouraging and allowing the Trainee to go for interviews even if the interviews occur during normal Training Assignment hours when the employer can only interview trainee during those hours.
- ***To assure the Host Agency (subcontractor) provides Training Assignment (s) that “Create new and/or expand existing community services” only. Community service assignments:***
 - 1) must only be in addition to budgeted employment which would otherwise be funded by the host agencies (subcontractors) without assistance under Title V;
 - 2) should result in an increase in employment opportunities in addition to those which would otherwise be available;
 - 3) must not result in displacement of currently employed workers, including partial displacement such as reduction in hours on non-overtime work, wages or employment benefits;
 - 4) must not impair existing contracts for service or result in the substitution of these federal funds for other funds in connection with work that would otherwise be performed;

- 5) shall not substitute project assignments for existing federally-assisted jobs;
- 6) shall not assign or continue to assign a trainee to perform duties which are the same or substantially the same as that performed by any other person who is on layoff.

Any such use of the SCSEP funds is considered MAINTENANCE OF EFFORT. Should it be determined by the Sponsor and/or the the DOL that a Trainee has been working in a Maintenance of Effort assignment, the entire wages and fringes spent on the Trainee (s) in the assignment (s) so determined at any Host Agency must be repaid to the DOL SCSEP Program for the duration (all months and/or years) of such assignment (s). All efforts will be made to retrieve these monies from the said Host Agency (subcontractor).

- ***To assure that time sheets are verified and signed by each Trainee's Supervisor.***
- ***To assure that the Host Agency (subcontractor) will never supplement the wages of the Trainee in an effort to increase the hourly wage for the Title V assignment hours. Payment for any hours worked at the training site in excess of the allowed training hours is prohibited by the SCSEP Regulations.*** Any such payment for hours worked at the training site in excess of the allowed training hours will be considered unsubsidized employment, and the Trainee will be immediately exited from the program as an unsubsidized placement.

PROCEDURES

Hours Of Work

A Trainee may be assigned for *no more than 20 hours or no less than 20* hours in a week unless approved in advance by the Senior Employment Project Manager. The specific hours and days of the week may be arranged between the Training Site and the Trainee to their mutual benefit, with the approval of the Project Manger and stated on the Training Assignment Description Form.

Compensation

Wages for Title V trainees accepting assignments under the SCSEP program shall not exceed the State's minimum wage.

Absences

If a Trainee is unable to go to the Training Assignment on a scheduled day, he/she must notify the Training Site Supervisor within a minimum of one-half (½) hour prior to the reporting time for the Community Service Training Assignment. A Trainee must notify the training site each day he/she is unable to be there.

A Trainee absent due to illness may be asked to submit a written return to work statement, including the date he/she is permitted to return to work and an authorized practitioner's signature, prior to returning to the Training Site.

Breaks

Whenever a Trainee assignment is in excess of six (6) hours in any one day, the Trainee **must** take a hour lunch break, which must be shown on the time sheet. When a Trainee takes a break for lunch, indicate the time left and the time returned to the assignment on the time sheet, This is unpaid time. Each Trainee may choose to take a 15 minute break per four to six hour day (this time is included in the hours worked).

Benefit Leave

Trainees will receive two (2) hours a month of Benefit Leave at the beginning of each month *to be used only for illness or jury duty. Note: Trainees may not carry over Benefit Leave from one program year to the next nor receive payment for unused Benefit Leave.*

Break In Service (Unpaid Leave of Absence)

Trainee may take a break in participation from the SCSEP program (*up to sixty days*), such as a formal leave of absence necessitated by personal or medical circumstances or a break caused because a suitable community service assignment is not available. Such a break will not count toward the individual time limit/average participation cap of forty-eight (48) months.

However, a SCSEP Trainee may be eligible for an additional thirty (30) days, not to exceed a total of **ninety (90)** days in an applicable Break In Service for health reasons(s). The specific health reason(s) that warrant an additional thirty (30) days must be sufficiently documented in the Trainee's case file. If a Trainee exceeds the maximum sixty (60) days (for health reasons 90 days) the participant must be terminated accordingly.

Holidays

Trainees *are not* paid for holidays. Trainees will be allowed (if she/he wishes) to re-schedule the training/work hours that she/he misses when the Host Agency's work site is closed for a Holiday.

Transfer

Transfer of Trainees due to poor match or compatibility issues between site supervisor and trainee and/or work assignment can be made at the discretion of the Program Manager. Site supervisor must document compatibility issues if requesting Trainee to be transfer to the SCSEP Program Manager.

Volunteering

A Trainee cannot volunteer additional hours at his/her training site performing the same duties for which he/she receives pay.

Working Extra Hours Prohibited

Payment for any hours worked at the training site in excess of the allowed training hours is prohibited by the SCSEP Regulations. Any such payment for hours on assignment at the training site in excess of the allowed training hours will be considered unsubsidized employment, and the Trainee will be immediately exited from the program as an unsubsidized placement **AND** will result in submission of a warning letter to the host agency and/or cancellation of the host agency contract.

Term of Program

Current funding for the Senior Services Title V Program is only assured through June 30th of each year.

Orientation

This activity includes initial assessment(s) to help staff members better understand your needs. It consists of several smaller segments that will be conducted over several weeks at the Host Agency and/or at FSS' Central Office which will include "safety" issues at the Host Agency.

You will generally receive an orientation on your first day of training where this handbook is reviewed and a number of program policies are explained. Several important forms will be distributed and discussed during your orientation session. The forms may include your acceptance and understanding of the requirements of the program, time sheets, and other procedures.

Time Sheets

Each Trainee is responsible for filling out a time sheet on a daily basis. Both the Trainee and the Supervisor (s) or Alternate Supervisor (s) shall sign the time sheet to verify that the hours reported are the correct hours actually on assignment during that particular pay period. *Time sheets will not be accepted without the Supervisor's signature.*

Neither the Trainee nor the Supervisor may sign for the other person. Signatures followed by initials of another person will not be accepted.

Time sheets must be: 1) faxed and received in the Payroll Office on the 7th and 22nd of each month no later than 4:00 pm to ensure timely processing. The Payroll FAX number is 312-746-7774. 2) original time sheets must be mailed to Department of Family and Support Services, Payroll Unit @ 1615 W. Chicago Avenue, 5 West, Chicago, IL 60622.

Remember: Time sheets are legal documents. Submitting time sheets that report hours that were not actually worked constitutes falsification of a legal document (or fraud) and requires immediate correction when time sheet falsification occurs. The Project Manager is required to present a written warning to both the Trainee and the Host Agency. Violations will result in immediate exit of the Trainee and/or cancellation of the Host Agency Contract.

Withholdings

Social Security (FICA) and Workmen's Compensation Insurance for job-related accident medical costs cover all Title V trainees who are assigned to a job site. Social Security, federal and state taxes will be withheld, and W-2 forms will be issued at the appropriate time.

Funerals

Trainees are not paid for time off for funerals.

Jury Duty

Trainees will be paid for jury duty *only if they have benefit leave hours available in the program year.* The jury duty payment must be subtracted from any SCSEP training payment. A Trainee cannot "double-dip", hence he/she may receive the maximum equivalent of their SCSEP wages while on jury duty. Any amount of jury duty pay that the Trainee receives from the county/state/federal is not includable as income for eligibility purposes during recertification. Time expended during jury duty should not be counted as paid hours on the Community Service Assignment form.

Accidents

Any Trainee who experience any Assignment-Related accident, must immediately report the accident to the host site Supervisor. Even accidents that do not require medical treatment must be reported.

The host site Supervisor will contact Chicago Department of Family and Support Services' Human Resource Director at 312-746-7445, to report the accident. The host site Supervisor will provide a written account of the accident to the Human Resources Director using an Accident Form.

Workers' Compensation

Senior Services pays for Workers' Compensation for all Trainees. The extent to which a Trainee's claim is covered, or *if* a claim is covered, is determined by the Cambridge Intergraded Company. Regardless of the location of the Trainee, any assignment-related accidents *must* be reported as outlined in the "Accidents" section of this manual (above).

Disciplinary Actions

Each Trainee will be oriented by either the Project Director and/or the Host Agency Supervisor as to the duties of the proposed assignment as described in the Training Assignment Description, after which the Trainee will sign the Training Assignment Description acknowledging understanding and acceptance of the assignment duties. A Trainee will not be asked to perform any duties, or assignment that he/she is not capable of performing. A Trainee, however, is expected to perform the duties on his/her Community Service Training Assignment to the best of his/her abilities. If a Trainee does not perform the duties of the Community Service Training Assignment to the best of his/her ability, he/she will be subjected to disciplinary action, including a warning letter, transfer to another work site and/or exit from the program.

Please refer also to the **Trainee Terminations** section in this handbook.

Prohibition Against Acceptance of Gifts and Gratuities

Favors, gifts, loans, free services or other items of value cannot be accepted from anyone when they are intended to reward or influence official actions.

Prohibited Additional Compensation

No reward, gift or other form of compensation shall be received from any source for a SCSEP/Title V trainee's performance of his/her duties.

Income Certification

Part of the initial Application for participation in the Senior Community Service Employment Program (SCSEP) is Certification of Household Income. The total amount of income must be within the guidelines established by the Federal government. These amounts change each year and are based on a percentage (125%) of the Poverty Level in the United States.

At least once a year, after a Trainee starts participating in the SCSEP, household income will be recertified to ensure that the Trainee is still income eligible for the program. All income, other than what is received in wages for the hours on the Training Assignment, will be verified. This review of Family Income will be conducted by the Project Manager.

It is the responsibility of the Trainee, for continued participation in the program, to honestly and correctly report all income of the family. If upon recertification of income, it is discovered that a Trainee's household income is too high to remain eligible, a written 30 day Notice of Exit will be given. At this time the program will also work with the trainee to assist in finding unsubsidized employment and will refer trainee to the Chicago Workforce Centers for assistance in job search.

If, however, it is discovered that a Trainee deliberately withheld information concerning income and is over the allowable maximum, has secured unsubsidized employment and not reported it to the Project manager, exit will be immediate. *SCSEP regulations prohibit participating in the Title V program and being employed at an unsubsidized job at the same time.*

SCSEP Income Eligibility, Public Law 109-365 mandates the following inclusion and exclusion of annual family income for the purpose of determining eligibility for program participation.

Includable Income for Households

- Earnings (wages and/or income from self-employment)
- 75% of Social Security Income of persons 65 years of age or older
- 75% of Social Security Disability Insurance (SSDI) of persons 65 years of age or older
- 100% of Social Security Income of persons 64 years of age or under
- Survivor benefits
- Pension or retirement income
- Interest income
- Dividends
- Rents, royalties, estates and trusts
- Educational assistance
- Alimony
- Financial assistance from outside of the household

Excludable Income for Households

- Unemployment Compensation
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI) - individuals 64 years of age and younger
- Disability benefits
- 25% of Social Security benefits under Title II of the Social Security Act, Federal Old-Age, Survivors and Disability for persons 65 years of age or older
- Payments made to or on behalf of veterans or former members of the Armed forces under the laws administered by the Secretary of Veterans Affairs
- Public Assistance
- Workers' Compensation
- All forms of child support
- Income from other employment and training programs
- Stipends from programs funded by Senior Corps of the Corporation for National & Community Services

- Capital gains from sale of property, stocks, bonds, house or car (unless the person is engaged in the business of selling such property, in which case the net proceeds counts as income from self-employment)

Trainee's Physical Examination

Each Title V trainee must be offered the opportunity to take a physical examinations annually. A physical is a fringe benefit, and is not eligibility criteria. A trainee may refuse the physical examination. In such a case, the refusal must be documented through a signed waiver.

Notwithstanding the earlier provisions, if required by applicable health laws, a physical examination may be required for certain SCSEP Training Assignments. In such situation, the results of mandated tests (e.g. tuberculosis tests) will be made part of the Trainee's personnel file. If a Trainee objects to sharing the results of mandated tests, the Project Manager shall explain to the Trainee that the absence of such a test may limit or exclude some training assignments because of the need to comply with applicable health laws.

Background Checks

All trainees are subject to background checks before entering a trainee position with the Senior Services.

Assessment of Skills and Interests

The assessment is designed to provide the foundation from which your Individual Employment Plan (IEP) is structured and is one of the most important efforts you will undertake in this program. The Assessment also is used to identify other resources and training that you will need to be successful in attaining your goals and the goals of this program. It is important that you be very thoughtful in completion of the Assessment and Individual Employment Plan (IEP) and to ask all the questions you might have.

Job Search Workshops

All Title V participants may be schedule to attend job search workshops, which will consist of some of the following topics:

- Job Search methods
- Preparation of employment applications, resumes, and cover letters
- Completing employment applications online
- Submitting resumes online
- Interviewing strategies
- Follow-up Techniques
- Identification of sources of job leads
- Telephone techniques

Refusal to attend workshops will mean a thirty-day (30) notice and termination from the program.

Job Search

Understand that all trainees are required to look for work outside the program: You should regularly check the job openings at your host agency, follow up on job leads from your project sponsor, perform a variety of job search activities, and make applications to employers on your own time. You may also be required to participate in job training activities designed to complement your host agency assignment and improve your opportunities for finding unsubsidized employment. The timing and implementation of your job search plan is detailed in your Individual Employment Plan (IEP). *See page 9 (Job Search Activity Information) for examples of job search activities.*

Unemployment Compensation

Trainees are not eligible for Unemployment Compensation. Trainees are exempt from coverage under the Illinois Unemployment Compensation Law.

Individual Employment Plan

The Individual Employment Plan (IEP) is the most important document that you will prepare in this program. You will develop this plan in conjunction with SCSEP staff members. The IEP serves as your personal roadmap to success and is designed to specifically assist you in meeting your goals and those of this program. You should refer to your IEP often throughout your participation to ensure that you are on course.

IMPORTANT: The IEP is an agreement similar to a contract. You are agreeing to participate in training and other activities and set goals for yourself.

Your IEP will need to be modified or improved as you complete different tasks or assignments or if your situation dramatically changes. Only SCSEP/Title V staff have the authority to make changes. It is very important you meet the goals you set forth in your IEP.

Failure to meet goals that are listed in your IEP will result in the following corrective action:

- **Step 1: First Formal Warning**
If a Trainee refuses to comply with the IEP requirements, the Trainee will be given a verbal warning and counseled to correct his/her actions (s). Absent extenuating circumstances, the Trainee will be informed in writing by the sub-recipient Employment Specialist of the Requirement to correct his/her behavior or conduct.
- **Step 2: Second Formal Warning**
When a Trainee for a second time refuses to comply with the IEP requirements, the Trainee will be given a verbal warning and counseled to correct his or her actions (s). Absent extenuating circumstances, the Staff Supervisor will send the Trainee a written warning that he or she has 30 days from the date of the letter to complete specific IEP-related tasks. The written warning will include a statement that failure to complete the IEP-related tasks will result in termination.
- **Step 3: Termination**
When a Trainee does not complete the IEP-related tasks for a third time, a letter will be sent notifying the Trainee that he or she will be exited 30 days from the date of the letter.

Individual Employment Plan (IEP) Exit

As stated earlier, the IEP is the instrument that drives the Training for each Trainee and moves him/her toward the ultimate goal of Unsubsidized Employment. It is now a requirement of the SCSEP/Title V Program that all Trainees must be looking for and working towards obtaining Unsubsidized Employment throughout their tenure in the program and within a maximum of 36 months total participation in the program. Working with the Project Manager and the Host Agency Supervisor to coordinate Training Assignments with the IEP is a requirement of this process, and all partners: The Project Manager and the Trainee must sign the IEP demonstrating that they participated in its development; agree within terms; will work to fulfill the actions steps in the plan and/or any corrective actions needed. The following is an illustrative list of action steps that could be a part of an IEP:

- Documented Job Search Activity for a designated number of employer contacts per month;
- Documented Job Search Activity for a designated number or hours (or days and hours each week);
- Assignment to Job Club/Job Search Training;
- Attending a Job Interview;
- Accepting a Training Assignment;
- Registering at the local One-Stop, Job Service or Employment Office;
- Improving personal habits or appearance;
- Participating in assigned workshops, training, etc.

Refusal to follow through with steps outlined and agreed upon in the IEP is cause for corrective action. Trainees and/or Host Agencies shall be given a warning letter and a chance to return to compliance with the IEP; however, continued failure to cooperate in this process will result in the exit of the Trainee from the Program.

Durational Limitation Policy

Trainees may participate in the SCSEP program for a maximum duration of forty-eight (48) months without the possibility of extensions. A transition planning process will start within one year of an Trainee's 48-month durational limit in SCSEP in order to prepare Trainees for unsubsidized employment and/or link them to other social services. Trainee's IEP will be reviewed and updated every three (3) months during the transition planning process.

Trainee Terminations

A trainee may be terminated for cause or otherwise. Upon enrollment in SCSEP a Trainee shall receive a written copy of the Termination Policy, and the policy will be reviewed during this time. In doing so, Trainees will be informed verbally and in writing, of the reasons (s) for termination.

The Trainee will be given a written notice explaining the reason(s) for termination and termination will occur thirty (30) days after written notification. The SCSEP program **is not required** to permit the Trainee to work at his/her community service assignment during the 30 days notice of termination.

Trainees may be terminated for the following reasons:

- Knowingly providing false information during the eligibility process;
- No longer eligible during recertification;
- Due to the 48-Month Participant Time Limitation provision;
- Obtaining employment during SCSEP enrollment; and/or
- Termination for cause.

Termination for cause may be one or more of the following provisions/actions:

- Refusal to cooperate in recertifying eligibility;
- Frequent tardiness, which consists of three (3) or more unauthorized And documented occurrences of tardiness at the community assignment site without good cause or proper notification;
- Frequent absenteeism, which consists of three (3) or more unauthorized And documented absences from the community assignment site without good cause or proper notification;
- Insubordination, that is, intentionally refusing to carry out an action that is provided via direction or instruction of a SCSEP representative (i.e., site supervisor, site staff member, and/or Senior Employment Specialist) without good cause;
- Any action associated with consuming, selling, purchasing, manufacturing, distributing, possessing or using an illegal or non-prescribed drug or being under the influence of alcohol and/or other drugs while performing the community assignment training/following tasks as designated by the IEP (Legally prescribed drugs that do not affect the Trainee's ability to perform his/her duties as assigned by the community assignment site are permissible);
- Conviction of a felony or any criminal drug statute for a violation occurring in the workplace while on or off duty, or while on duty away from away from the workplace;
- Use of abusive, harassing, threatening and/or obscene language or behavior(s);
- Workplace harassment or discrimination on the basis of age, sex, race, color, religion, national origin, marital status, or disability;
- Theft or destruction of sub-grantee or community assignment site property;
- Intentional loss, damage, destruction, or unauthorized use of sub-grantee or community assignment site property;
- Intentional disclosure of unauthorized records or information;
- Participant falsifies time sheets or other official records;
- Refusal to accept a different community assignment and/or unsubsidized job offers or referrals*; and/or
- Failure or refusal to abide by the IEP and/or to accept IEP-related training opportunities.

* Refusal to accept and/or unreasonable refusal to accept a minimum of three community service assignments, job offers or job referrals to unsubsidized employment. It is up to the DFSS to investigate, review and determine whether or not such refusals are grounds for termination. The Community service assignments and referrals to unsubsidized employment must be consistent with the IEP and there must be no extenuating circumstances that would hinder the Trainee from moving to unsubsidized employment.

Other Terminations

1. If, at any time, DFSS determines that a participant was incorrectly declared eligible as a result of false information knowingly given by that individual, DFSS must give the Trainee immediate written notice explaining the reason(s) for termination and may terminate the Trainee 30 days after it has provided the Trainee with such written notice. DFSS shall not permit the Trainee to work at his/her community service assignment during the 30 days notice of termination.
2. If, during eligibility verification, DFSS finds a Trainee to be no longer eligible for enrollment, DFSS must give the Trainee written notice explaining the reason(s) for termination and may terminate the Trainee 30 days after it has provided the Trainee with written notice. DFSS is required to permit the Trainee to work at his/her community service assignment during the 30 day notice of termination.
3. If, any time, DFSS determines that it, incorrectly determined a Trainee to be eligible for the program through no fault of the Trainee, DFSS must give the participant immediate written notice explaining the reason(s) for termination and may terminate the Trainee 30 days after it has provided the Trainee with written notice. DFSS is required to permit the Trainee to work at his/her community service assignment during the 30 days notice of termination.

Voluntary Termination/Program Exit

A Trainee, who is voluntarily going to leave the program for any reason, should send a Letter of Resignation two (2) weeks before the last training assignment day. The letter should state the reason for leaving the program (it could be for unsubsidized employment, illness, or other personal reasons.)

Upon termination from the SCSEP Program for any reason, the *final pay check* of the Trainee *will be retained* until all files, or other property of the Host Agency or Sponsor that were in the possession of the Trainee have been returned and/or unsubsidized employment information has been reported, to the satisfaction of said Host Agency/Work site or Sponsor.

Transfer

Should it be determined through evaluation of the Trainee's marketability and IEP actions plan, that a transfer is in order, the Project Manager will work to secure another training assignment to further the development of marketable skills of the Trainee.

Unsubsidized Employment

Jobs outside the SCSEP Program are known as Unsubsidized Placements. Senior Services is assigned and required to meet a specific percentage rate of Unsubsidized Placements each year by the Department of Labor. The introduction and required use of the IEP is the instrument that drives this process. Unsubsidized Placements may be at the Training Host Agency or in the Private Sector.

This program is not meant to be a long term Employment Program.

Trainees are expected to cooperate in both the IEP and the job search process by actively seeking employment, completing and submitting the monthly required employment contacts and/or related job search log, applying, interviewing, ultimately accepting, and retaining appropriate unsubsidized employment. Likewise, Host Subcontractors are expected to assist and encourage Trainees in finding unsubsidized employment by alerting them to internal openings, as well as those in the community in general. The Host Agency is also expected to assist the Project Manager in achieving his/her goals by encouraging and allowing the Trainees to go to interview appointments and by hiring the Trainee if funds become available.

We link our program with local WIA (Workforce Investment Act) Programs at the Chicago Workforce Centers. This enhances the services available for finding Unsubsidized Employment.

Follow-up

Helping trainees retain the job that they have worked so hard to obtain is an integral part of the SCSEP/Title V Program. SCSEP/Title V staff members will contact you after you have entered into unsubsidized placement for a period of fifteen (15) months to verify employment status and wages. SCSEP/Title V staff members may also contact your employer to obtain follow-up information. Additional resources may be made available (on a need and availability basis) to help you overcome problems that may threaten your continued employment.

Grievance Procedure

See Appendices for a copy of the Grievance Procedures for the SCSEP Program.

APPENDICES

For more information or to apply . . .

Call the Illinois Department on Aging
Senior HelpLine: 1-800-252-8966,
1-888-206-1327 (TTY)

or call an agency near you:

Northwestern Illinois Area Agency on
Aging (AAA), Rockford, 815-226-4901

Northeastern Illinois AAA, Kankakee
or West Chicago, 1-800-528-2000

Western Illinois AAA, Rock Island,
1-800-322-1051

Central Illinois Agency on Aging,
Peoria, 1-877-777-2422

East Central Illinois AAA, Bloomington,
1-800-888-4456

West Central Illinois AAA, Quincy,
1-800-252-9027 (Voice & TTY)

AAA for Lincolnland, Inc., Springfield,
1-800-252-2918 (217, 309, 618 areas)

AAA of Southwestern Illinois, Belleville,
1-800-326-3221

Midland AAA, Centralia, 1-877-532-1853
Southeastern Illinois AAA, Mt. Carmel,
618-262-2306, 1-800-635-8544 (618 area)

Egyptian AAA, Cartersville,
1-888-895-3306

Shawnee Development Council,
Karnak, 618-634-2201

Chicago Department of Family and
Support Services, Senior Services
Area Agency on Aging, 312-746-8571,
312-744-6777 (TTY)

AgeOptions, Inc., Oak Park, 708-383-0258,
1-800-699-9043 (Sub. Cook County)

National Able Network, Chicago
312-782-3335, 312-782-7700 (TTY)

National Contractors:

AARP Foundation Programs

Easter Seals, Inc.

Experience Works, Inc.

National Asian Pacific Center on Aging

National Caucus and Center
on Black Aged, Inc.

Senior Service America, Inc.

SER - Jobs for Progress National, Inc.

Anyone looking for work can also
contact the local job service or
Illinois Employment Training Center
(visit www.ides.state.il.us) to assist
in their employment search.

Don't get discouraged!

If you don't find a job right away,
keep looking. There is a job for you
somewhere. Be diligent and patient
in your efforts.

State of Illinois

Department on Aging

421 E. Capitol Ave., #100

Springfield, Illinois 62701-1789

www.state.il.us/aging

Senior HelpLine: 1-800-252-8966

1-888-206-1327 (TTY)

Download this brochure at www.state.il.us/aging
in the "News and Publications" section.

The Illinois Department on Aging does not discriminate in admission
to programs or treatment of employment in programs or activities in
compliance with appropriate State and Federal statutes. If you feel
you have been discriminated against, call the Senior HelpLine at
1-800-252-8966, 1-888-206-1327 (TTY).

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State of Illinois
Pat Quinn, Governor
Illinois Department on Aging
Charles D. Johnson, Director

Senior



Community

Service



Employment

Program



Illinois Department
on Aging



Are you 55 or older and looking for a job?

Employers value the skills and experience older workers bring to the workplace, so they are looking for people like you. If you're 55 or older with a low income, local organizations are ready to help you refresh your job skills and re-enter the workforce.

What is SCSEP?

The Senior Community Service Employment Program, sponsored by the Illinois Department on Aging, is a training program designed to assist the mature worker (age 55+) in re-entering the job market. It operates under a grant from the U.S. Department of Labor under Title V of the Older Americans Act.

How does the program work?

- Eligible individuals are enrolled, usually for 20 hours a week at minimum wage, in non-profit agencies where they receive:
- Skill acquisition or skill enhancement opportunities;
 - Personal and employment-related counseling; and
 - Assistance in the transition to unsubsidized employment.

Contact the agency in your area listed on the back of the brochure.

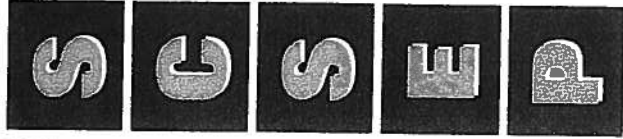
What are the goals of the program?

- Achieve permanent employment.
- Provide paid training to enhance opportunities.
- Enhance services to the community as a whole by placing the program participants in community service agencies.
- Serve as an advocate for all older workers seeking employment.
- Serve as a link between employers seeking to hire older workers.

Types of community services:

The program provides temporary training that contributes to the general welfare of the community. Typically, SCSEP participants are offered training in:

- schools;
- hospitals;
- senior citizen centers;
- literacy instruction;
- nutrition programs;
- beautification projects;
- conservation projects;
- day care centers; and
- other opportunities.



Who is eligible?

- Age 55 years or older;
- Unemployed;
- Capable of performing tasks involved in the proposed community service assignment; and
- An annual family income of less than 125% of the established federal poverty level.

What benefits are offered?

- Annual physical exam.
- Job-related counseling and
- Paid training experience.

ILLINOIS DEPARTMENT ON AGING
PARTICIPANT POLICY AGREEMENT
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

I do hereby acknowledge that I have received notification either verbally or in writing regarding the following requirements in coordination with the SCSEP program:

- I HAVE BEEN INFORMED OF THE GENERAL PURPOSE OF THE SCSEP PROGRAM (RECEIVED IDOA BROCHURE).
- I HAVE BEEN INFORMED OF MY CIVIL RIGHTS, MY RIGHT TO FILE A COMPLAINT, AND THE MANNER TO FILE A COMPLAINT.
- I HAVE BEEN INFORMED OF MY "INDIVIDUAL RIGHTS TO PRIVACY OF PERSONAL INFORMATION".
- I HAVE BEEN INFORMED OF PROHIBITED POLITICAL ACTIVITIES.
- I HAVE BEEN INFORMED OF THE OLDER AMERICANS ACT TITLE V GRIEVANCE PROCEDURES.
- I HAVE BEEN INFORMED OF THE FAMILY SIZE CERTIFICATION REQUIREMENT. I UNDERSTAND THAT IF MY INCOME EXCEEDS THE LIMITS BASED ON MY FAMILY SIZE, I WILL BE TERMINATED FROM THE SCSEP PROGRAM.
- I HAVE BEEN INFORMED OF WHAT SUPPORTIVE SERVICES MAY BE AVAILABLE TO ME AS A PARTICIPANT IN THE SCSEP PROGRAM.
- I DO HEREBY ACCEPT AND ACKNOWLEDGE THAT MY ENTRANCE INTO THE TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM IS OF A TEMPORARY AND NON-PERMANENT NATURE.

I UNDERSTAND THAT I WILL BE CONSIDERED FOR CONTINUED AND FUTURE ASSIGNMENT THROUGH TITLE V ONLY IF FUNDS ARE AVAILABLE AT THE END OF MY TEMPORARY ASSIGNMENT.

SHOULD THESE FUNDS NOT BE AVAILABLE, I FURTHER UNDERSTAND THAT MY NAME WILL BE REFERRED TO JOB SERVICE AND/OR OTHER EMPLOYMENT AGENCIES FOR SERVICES AND POSSIBLE PLACEMENT.

- I HAVE BEEN INFORMED AND GIVEN A COPY OF THE INFORMATION REGARDING *SCSEP and VETERANS' PRIORITY OF SERVICE*.
- I HAVE BEEN INFORMED OF THE INDIVIDUAL DURATIONAL TIME LIMITATION OF 48 MONTHS (PROGRAM WIDE 27 MONTHS IN THE AGGREGATE) AND TRANSITIONAL PLANNING
- I HAVE BEEN INFORMED OF THE SCSEP PROGRAM TERMINATION POLICY.

(SIGNATURE OF PARTICIPANT)

(DATE)

(SIGNATURE OF SUB-GRANTEE REPRESENTATIVE)

(DATE)

Chicago Department of Family and Support Services Senior Services AAA
Senior Community Service Employment Program (SCSEP)

PARTICIPANT ACKNOWLEDGMENT OF TERMS OF ENROLLMENT

Trainee Name:

Date:

1. I agree to actively seek unsubsidized employment, to attend all appropriate job interviews to which I may be referred or instructed to arrange, and I will report job-seeking activities to SCSEP Program Manager.
2. I understand that failure to seek unsubsidized employment may result in my termination from the program.
3. I understand that SCSEP **is not** permanent employment, but a temporary subsidized work experience and training program designed to teach me new marketable skills.
4. I agree to participate fully with SCSEP staff in developing a plan of action for my training and development. This cooperation will include completion of an assessment of my skills and interests, and completion of my Individual Employability Plan, (IEP). **I understand that I can be terminated from the program if I fail to perform the tasks listed on my Individual Employability Plan, (IEP).**
5. I agree to perform the assigned duties to the best of my ability. The assigned duties are those listed on a Training Assignment Description. I will inform SCSEP staff if *I am* required to perform duties not in my *Training Assignment Description*.
6. I agree to attend all training, classes, job fairs, employment support, and networking activities as required by SCSEP or by my training site.
7. I agree to accept periodic transfers to new training sites as may be required. I understand that these transfers are designed to improve my marketable skills in the job market or may be required as the needs of the training sites dictate. I understand that I work for SCSEP and not the training site, and SCSEP will determine training assignments.
8. I understand that my enrollment in SCSEP and the number of hours I can work or train depend on the availability of funds. I understand that my hours could be reduced or my position eliminated due to lack of funds. I understand that enrollment is not guaranteed beyond the end of this grant period.
9. I understand that I will be subject to all SCSEP rules and regulations, including the grievance procedures. **I understand that I can be terminated for cause.** I understand that there are durational limits and performance expectations.
10. I understand that the time limitation policy for SCSEP is 48 month in the aggregate, whether or not consecutive), **without** the possibility of extensions. I understand that 48 months average participation time means that I may exit the program prior to fulfilling all 48 months.

11. I understand that volunteering extra time at my training site without pay or compensatory time is prohibited and in violation of the U.S. Fair Labor Standards Act.
12. I understand that I will receive a semi-annual IEP and assessment to gauge my performance against the program requirements. **I understand that I can be terminated from the program if I fail to perform the tasks listed on my Individual Employability Plan, (IEP).**
13. I understand that my eligibility for SCSEP participation is subject to annual recertification, and I understand that if my income exceeds the limits based on family size I will be terminated from the program.
14. I understand that violation of any of the above may result in disciplinary action, including termination from SCSEP.
15. I, hereby authorize my employer to release to Chicago Department of Family and Support Services Senior Services AAA information regarding my employment status and wages for a period of fifteen (15) months from the date of my employment. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected to the SCSEP in a manner that is individually identifying.
16. I have received an orientation regarding the rules and regulations of SCSEP including my and Chicago Department of Family and Support Services Senior Services AAA rights and responsibilities.
17. Additional or exceptions to above:

Participant's Signature:	Date:
SCSEP Representative's Signature:	Date:

TITLE V - SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

EMPLOYED PRIOR TO PARTICIPATION STATEMENT

On this date, I _____ (Name of applicant) **certify**
that I am not employed, that is:

_____ I do not work at all as a paid employee; and

_____ I do not work at all in my own business, profession, or farm; and

_____ I do not work 15 hours or more as an unpaid worker in an enterprise operated by
a member of my family; and

_____ I do not have a job or business from which I was temporarily absent because of
illness, bad weather, vacation, labor-management dispute, or personal reasons,

Applicant's Signature

Date

Interviewer's Signature

Date

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

**Illinois Department on Aging SCSEP and
48 months Individual Participant Durational Limitation Policy**

The Illinois Department on Aging time limitation policy now in effect for the Senior Community Service Employment Program (SCSEP) limits the time individuals may participate in the program to a maximum of forty eight (48) months in the aggregate (whether or not consecutive), without the possibility of extensions.

This means that no SCSEP participant will be offered an extension beyond the 48 month time limit for participation in the SCSEP.

Notification to first time SCSEP participants: Your 48 months Individual Durational Limitation begins on the first date of assignment.

Notification to participants re-enrolling in the SCSEP: Your 48 months Individual Durational Limitation have accrued from past months/periods when you participated in the SCSEP under previous enrollment(s). Therefore, the number of months that you have remaining to participate in the program will be determined by the United States Department of Labor's National Data Base.

I have read and I understand that the SCSEP 48 months Individual Participant Durational Limitation without the possibility of extension policy is now in effect and I will abide by the rules of the program.

Participant Signature

Date

SCSEP Coordinator

Date

Participant Information

- 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

b. City

c. State

d. ZIP Code

e. County

6a. Participant's e-mail address _____

6b. Emergency contact: Name _____ Phone (____) _____
Relationship _____

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. Suppl. Nutrition Assistance (SNAP)
 - f. Subsidized housing
 - g. Social Security Disability (SSDI)
 - h. Other
- (specify) _____

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ETA-9120

(Revised July 2012; replaces prior versions)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average twelve (12) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

13. Employed prior to participation?
 i. Employed ii. Employed, but with notice of termination iii. Not employed

13a. Did applicant engage in volunteer work prior to participation? Yes No
If yes, total number of volunteer activities _____

14. Total includable family income (12-month or 6-month 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 _____
Date of change _____

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)

- | | |
|---|--|
| <input type="checkbox"/> a. American Indian or Alaskan Native | <input type="checkbox"/> b. Asian |
| <input type="checkbox"/> c. Black, African American | <input type="checkbox"/> d. Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> e. White | <input type="checkbox"/> 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

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

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. Low literacy skills? Yes No

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 No
 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

31. Personal characteristics comments

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)

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. Other (specify) _____
 f. 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)

40d. Job interest codes: 1 _____ 2 _____ 3 _____

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

41. Enrollment comments

42. Signature of director or authorized representative

43. Date of eligibility determination

_____ (MM/DD/YYYY)

Recertification

44. Number in family _____

45. Total includable family income (12-month or 6-month 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)

Waiver of Durational Limit

51. Severe disability? Yes No

51a. Date of last update _____ (MM/DD/YYYY)

52. Frail? Yes No

52a. Date of last update _____ (MM/DD/YYYY)

53. Old enough for but not receiving SS Title II? Yes No

53a. Date of last update _____ (MM/DD/YYYY)

54. Severely limited employment prospects in area of persistent unemployment?

Yes No

54a. Date of last update _____ (MM/DD/YYYY)

55. Limited English Proficiency (LEP)? Yes No

55a. Date of last update _____ (MM/DD/YYYY)

56. Low literacy skills? Yes No

56a. Date of last update _____ (MM/DD/YYYY)

*57. 75 or over? Yes No

60. Recertification/waiver comments

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

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM HOUSEHOLD INFORMATION - **RECERTIFICATION**

Participant Name: _____

I receive income from the following sources:
(e.g. see income sources listed at the bottom of this page)

HOUSEHOLD LIST		
<u>NAME</u>	<u>Relationship</u>	<u>Income source</u> <small>(e.g. see income sources list below)</small>

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.

Your Signature

Date

Interviewer Signature

Date

Sources of Income

- | | |
|--|---|
| <ul style="list-style-type: none"> Wages Self-employment wages Pensions Annuities SSA - Social Security Income SSI - Supplemental Social Security SSDI - Social Security Disability Ins. Veterans Benefits | <ul style="list-style-type: none"> Unemployment Benefits Worker's Compensation Interest and Dividends Public Aid Gifts - Family Assistance Alimony Education Assistance Other |
|--|---|

**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES SENIOR SERVICES AAA
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

HOUSEHOLD SIZE CERTIFICATION

Please submit a CHA or HUD rental agreement or an Apartment Lease. If you do not have a CHA or HUD rental agreement or Apartment Lease we will accept this form when signed by your landlord, building manager, a clergy person, a social worker or a neighbor with personal knowledge of your living situation.

I, _____ certify that the household size for
_____ is a family of _____.
SCSEP-Title V Participant's Name *Number in household*

I understand that the individual name above has applied for or is being recertified for the Senior Community Service Employment Program (SCSEP), and that the Chicago Department of Family and Support Services Senior Services AAA will rely on this certification in determining his or her eligibility under Federal laws and regulations. I further certify that the information provided above is true and correct, to the best of my knowledge and belief.

The Chicago Department of Family and Support Services Senior Services AAA may contact me at the address and telephone number provided below if additional information is needed.

A FAMILY MEMBER'S SIGNATURE IS NOT VALID ON THIS FORM UNLESS THE FAMILY MEMBER CERTIFYING YOUR HOUSEHOLD SIZE IS ALSO THE LANDLORD.

Name (please print)

Signature

Date

Address

Telephone No.

Relationship

Please, return the signed form to: CDFSS Senior Services AAA
O. Fernandez, SCSEP Unit
1615 W. Chicago Avenue, 3W
Chicago, IL 60622

ILLINOIS DEPARTMENT ON AGING
**CONFIDENTIAL INCOME
 ELIGIBILITY WORKSHEET**
 SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Name (Last, First, Middle Initial): _____ Social Security Number: _____

Original Enrollment Recertification Number in Family: _____ Date: _____

Social Security Calculation

	Social Security Amount	25% of SS	75% of SS	6 Month Amount	12 month Amount
Participant		\$ -	\$ -	\$ -	\$ -
Spouse	\$ -	\$ -	\$ -	\$ -	\$ -
Social Security Total				\$ -	\$ -

Other Income

	Participant Per Month	Spouse Per Month	Family Per Month	6 Month Amount	12 month Amount
Pensions or Retirement Income	\$ -	\$ -	\$ -	\$ -	\$ -
Wages	\$ -	\$ -	\$ -	\$ -	\$ -
Self-Employment Income	\$ -	\$ -	\$ -	\$ -	\$ -
Interest Over \$3000 Annually	\$ -	\$ -	\$ -	\$ -	\$ -
Survivor Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Rent, Royalty, Estate, Trust	\$ -	\$ -	\$ -	\$ -	\$ -
Educational Assistance	\$ -	\$ -	\$ -	\$ -	\$ -
Alimony	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Other Income Total				\$ -	\$ -

	6 Months	12 Months
Total Family Income =	\$ -	\$ -

Participant Signature: _____

Date: _____

Sub-grantee Representative Signature: _____

Date: _____

ILLINOIS DEPARTMENT ON AGING
PHYSICAL EXAM REQUEST
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Yes, I do hereby request a physical examination as it is my right under the provision of the Senior Community Service Employment Program of the Older Americans Act.

No, I do hereby decline and waive my right to a physical examination under the provision of the Senior Community Service Employment Program of the Older Americans Act.

Participant Signature

Date

Sub-Grantee Representative Signature

Date

ILLINOIS DEPARTMENT ON AGING
INTENT TO SUPERVISE
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Participant Name: _____

I, _____,
(Supervisor's Name) _____ *(Supervisor's Position Title)*

do hereby agree to perform the activities listed below for the enrollee assigned and funded

through this application in the position of _____,
(Participant Position)

during his or her assignment with _____, under
(Name of Organization)

Title V, the Senior Community Service Employment Program, of the Older Americans Act.

1. Provide orientation, ongoing supervision, and on-the-job training.
2. Facilitate other appropriate training opportunities.
3. Authorize attendance and travel records.
4. Attempt to facilitate placement in non-subsidized employment.
5. Other (Please specify): _____

Participant Signature: _____ Date: _____

Host Agency Supervisor Signature: _____ Date: _____

Sub-Grantee Representative Signature: _____ Date: _____

HOST AGENCY/JOB TRAINING ASSIGNMENT DESCRIPTION

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Participant Name: _____

Title: _____ Home Phone: _____

Hours Assigned per Week: _____ Days Assigned per Week: _____

Performed Duties (Daily): _____

Other Duties If Time Permits: _____

Host Agency Name: _____ Telephone: _____

Host Agency Address: _____

I, _____, do hereby affirm that I have read and fully understand the duties and
(Participant)

responsibilities of the position _____.

I further agree to be evaluated annually on my performance of the stated duties and responsibilities.

Participant Signature: _____ Date: _____

Host Agency Supervisor Signature: _____ Date: _____

Sub-Grantee Representative Signature: _____ Date: _____

ILLINOIS DEPARTMENT ON AGING
PARTICIPANT EVALUATION FORM
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

This form shall be utilized by either the Employment Specialist or the Host Agency to evaluate the participant.

Participant Name: _____ PID _____

Evaluator: _____ Evaluation Date _____

Host Agency: _____

Participant Position Title: _____ Date of Assignment: _____

Length in Position: _____ Supervisor: _____

Rate the accuracy of each statement about the participant on the listed scale:

(1) Unacceptable (2) Poor (3) Average (4) Above Average (5) Exceptional

Instructions: Please **circle** the applicable score for each questions listed below; a score of (1) being the lowest and (5) being the highest.

Participant reports to work on time:	1	2	3	4	5
Participant performs duties accurately and completely:	1	2	3	4	5
Participant is reliable and works assigned hours:	1	2	3	4	5
Participant maintains professional relationship with coworkers and supervisors:	1	2	3	4	5
Participant accepts directions and suggestions well:	1	2	3	4	5
Participant interacts professionally with public and clients:	1	2	3	4	5
Participant dresses appropriately for the job and maintains a well-groomed appearance consistent with job tasks:	1	2	3	4	5
The participant should receive and overall rating of:	1	2	3	4	5

Comments: _____

Participant's Signature _____ Date _____

Evaluator's Signature _____ Date _____

ILLINOIS DEPARTMENT ON AGING
PARTICIPANT ASSESSMENT
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Print Participant's Name

PID

Employment Specialist

Date Assessment Completed

I. Goal(s):

Employment Job Skills Training Other

Specific Goal: _____

Are you actively looking for a job? (Circle one) *Yes / No*

What are you doing to find employment? _____

II. Program Requirements:

Registered at One-Stop? (Circle one) *Yes / No*

Registered with Illinois Skills Match? (Circle one) *Yes / No*

If Yes, Illinois Skills Match location: _____ Frequency of checking of site:
_____, Date of last Contact with Skills Match: _____.

III. Availability and Preferences:

Hours available to work: (Check all that apply)

Full Time Part Time Days Evenings Weekends

Acceptable lowest wage for unsubsidized job? _____

Acceptable lowest yearly income limit (unsubsidized)? _____

Desired location for unsubsidized job: _____

Area (in miles) willing to travel for unsubsidized job: _____

Transportation: Own car Access to a car Bus/City Transport service Other:

Any Medical restrictions? (Optional) _____

Any Functional limitations? (Optional) _____

Other factors to consider (e.g., caregiver, family obligations)? _____

The Senior Community Service Employment Program is funded by a US Department of Labor grant administered by the Illinois Department on Aging through the Provider Service Area in the State.

IV. Educational Background and Interest:

Last grade completed: _____ Degrees: _____
12=HS senior HS Diploma, GED, 2-yr, BA, BS, MS, MBA

Skills and aptitudes: _____
Include licenses, certificates, talents including math, typing, people skills, etc.

Area of special interest/abilities: _____

I would like to learn more about: _____

- | | | | | |
|--|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Please rate your Reading skills: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Please rate your Math skills: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Please rate your Writing skills self-report: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Please rate your People skills self report: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Comments: _____

V. Potential Areas for Training and/or Additional Support:

What are some barriers or difficulties that you feel may impact your ability to conduct a successful and active job search? (Your responses have no bearing on your qualification for the program and serve to help identify other resources that may be available to support you.)

Check all items that you feel may impact your ability to obtain unsubsidized work.

- | | | |
|---|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Education | <input type="checkbox"/> Limited English |
| <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Health/Disability | <input type="checkbox"/> Self confidence |
| <input type="checkbox"/> Earnings will decrease | <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other benefits | <input type="checkbox"/> Job Search Skills | <input type="checkbox"/> Work experience |

Other/Detail: _____

VI. Work Skills History:

Employer/Position Title	Duration/End Date	Reason for Leaving	Skills Utilized

VII. Additional Skills, Interests and Hobbies / Options for Growth:

Please identify life skills from unpaid, volunteer, military and homemaking skills or vocational training. Please include hobbies and interests also.

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

Other Skills: _____

What do you value most in a job? Check the three (3) **most** important to you.

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

What types of work or job interest you most?

- 1) _____

- 2) _____

- 3) _____

Participant's Signature

Date

Interviewer's Signature

Date

ILLINOIS DEPARTMENT ON AGING
PARTICIPANT SEMI-ANNUAL ASSESSMENT
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Participant's Name _____

PID _____

Date Assessment Completed _____

Employment Specialist _____

Date of Initial Assessment _____

Date of Previous Assessment (if any) _____

The Participant Semi-Annual Assessment is to be based on the initial Participant Assessment. List changes to the initial Participant Assessment under the appropriate category. Document if no changes have occurred.

I. Goals
II. Program Requirements
III. Availability and Preferences
IV. Educational Background and Interests
V. Potential Areas for Training and/or Additional Support
VI. Work Skills History
VII. Additional Skills, Interests and Hobbies/Options for Growth

Participant's Signature _____

Date _____

Interviewer's Signature _____

Date _____

ILLINOIS DEPARTMENT ON AGING
Individual Employment Plan
 SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Participant Name _____

Date _____

Date of Last IEP _____

What do you hope to gain from the SCSEP?

What are your reasons for seeking training/employment?

Reviewing previous work history (e.g., current resume and/or host agency) which jobs/duties did you like best and least?

Like	Dislike

If any barriers to employment exist at this time, list them and steps to overcome them:

Please check all that apply. Any that have not been completed in the last 6 months should be considered as goals for the next 6 months.	In the last 6 months	In the last year	> 1 year ago
1. Updated my resume (and put it on file at the Area Agency)			
2. Searched for jobs on Illinois Skills Match			
3. Written individual cover letter for each job I apply for			
4. Spoken to an employer in the field I want to work in			
5. Spoken to someone working in the field I want to work in			
6. Completed general job search training			
7. Completed interviewing skills training			
8. Completed training specific to jobs I want to apply for			

Write down your employment goals. You can write as many I goals as you like.	Date to be completed	Date Reviewed	Met/Unmet
<u>Goal 1</u> Action(s):			
<u>Goal 2</u> Action(s):			
<u>Goal 3</u> Action(s):			

Employment Specialist's comments on why goals were unmet:

Employment Specialist's comments on necessary action(s) needed to meet unmet goals:

To help complete the above goals, the participant will train at the following community service assignments for the following amounts of time. Refer to the agency rotation policy.

AGENCY	START DATE	END DATE

This is my plan and I want to achieve it. Therefore, I will take the action(s) listed above to achieve my goals and find meaningful work that I enjoy doing. Together with the Employment Specialist, I will re-evaluate my goals and my actions within six (6) months to more fully understand what I have achieved, and where I can focus more effort.

Participant Signature _____ Date _____

I certify that this Individual Employment Plan was completed in cooperation with the Participant, and I will work with the Participant to achieve it. After six months, we will re-evaluate these goals to more fully understand what has been achieved and where we can focus more effort.

Employment Specialist Signature _____ Date _____

CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM-TITLE V

WAIVER OF CONFIDENTIALITY

I _____, Social Security Number: xxx-xx-
Last four digits

hereby authorize my employer to release my employment information, (including work hours, wages and employment status) to the Chicago Department of Family and Support Services.

I understand that this information will be used solely for statistical purposes and that it will not be disclosed to anyone not connected with the Senior Community Service Employment Program in a manner that is individually identifying.

I hereby agree to waive confidentiality for up to 15 months from the start date of my employment.

Participant's Signature

Date

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
TRANSITION TO EMPLOYMENT INFORMATION AGREEMENT

As a SCSEP participant I agree that once I obtain a permanent unsubsidized job I will provide the following information to the SCSEP Director.

- Company/employer's name and address
- Contact Person's name, address and phone number
- Supervisor's name and phone number
- Work start date
- Hourly wage/salary
- Full time or part time employment (if part time, the number of hours)
- Type of benefits (e.g. vacation, sick days, pension, etc.)

Signature of participant

Date

**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES
TITLE V- SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

JOB SEARCH ACTIVITY LOG

■ NAME: _____ ■ MONTH: _____

DIRECT EMPLOYER CONTACT

DATE	EMPLOYER NAME & ADDRESS	Contact person's name & phone or e-mail address	What did you do? e.g. job inquiry, submitted resume, applied, interviewed, etc.	Job Title	Results or follow up

OTHER: -- JOB READINESS ACTIVITIES

DATE	OTHER: JOB READINESS ACTIVITIES	LOCATION	Results? e.g. accomplished, learned, gained information or skill, obtained lead, etc.	Follow up

Job Search Log must be submitted to the SCSEP Unit every month by fax or by mail

FAX#: 312-756-6496 or **MAILING ADDRESS:** Chicago Department of Family & Support Services
SCSEP -- Title V Program -- D. Hutchinson
1615 W. Chicago Avenue, 3 West
Chicago, IL 60622

JOB SEARCH ACTIVITY INFORMATION

Direct employer contacts are reported on the top section of the Job Search Activity form under Direct Employer Contact.

Job readiness activities are reported on the bottom section of the Job Search Activity form under Other-Job Readiness Activities.

Examples of Direct Contact with Employers (at least three a month):

- Visit employers and inquire about job openings
- Fill out applications in person and/or on-line
- Submit resumes and cover letters to employers for specific jobs
- Follow up on job leads
- Go on job interviews
- Follow up on status of applications
- Attend Job Fairs and meet employers
- Attend Orientation at Workforce Center, (see addresses below)
- Meet with career counselor at Workforce Center for job leads

Examples of Job Readiness Activities

- Update resume and cover letters
- Attend training: computer, food safety
- Sign up for workshops at Workforce Center
- Network with friends, family, supervisors
- Learn to e-mail and web search
- Check job matches: www.Illinoiskillsmatch.com
- Sign online to: www.Illinoisworknet.com
- Use your own creativity to identify job opportunities

NOTICE: PERFORMING JOB SEARCH ACTIVITIES IS A SCSEP PROGRAM REQUIREMENT. PARTICIPANTS WHO FAIL TO PERFORM THE JOB SEARCH ACTIVITIES THAT WERE DEVELOPED AND WRITTEN IN THE INDIVIDUAL EMPLOYMENT PLAN AGREEMENT MAY BE TERMINATED FROM THE PROGRAM.

FYI: WORKFORCE CENTERS LOCATIONS

Southwest Center, 7500 S. Pulaski, Bldg 100, Phone #: 773-884-7000

Mid South Center, 4314 S. Cottage Grove, Phone #: 773-538-5627

Garfield Center, 10 S. Kedzie, Rm. 134, Phone #: 773-334-4747

Northside Center, 4740 N. Sheridan, Phone #: 773-722-3885

Pilsen Center, 1700 W. 18th Street, Phone #: 312-243-5100

Date: _____

Participant's Name: _____

As a SCSEP- Title V enrollee you are mandated to register on the **Illinois JobLink**, an online service from the Illinois Department of Employment Security (IDES) for connecting to employers and jobs.

Keep your Username and Password in an accessible and safe place.

1. Go to: **https://illinoisjoblink.illinois.gov**
2. Click on: **Find a Job**
3. To Log in : **User Name:** _____
Password: _____

(Keep in Enrollee's File)

Date: _____

Participant's Name: _____

As a SCSEP- Title V enrollee you are mandated to register on the **Illinois JobLink**, an online service from the Illinois Department of Employment Security (IDES) for connecting to employers and jobs.

Keep your Username and Password in an accessible and safe place.

1. Go to: **https://illinoisjoblink.illinois.gov**
2. Click on: **Find a Job**
3. To Log in : **User Name:** _____
Password: _____

(For Enrollee to keep)

Exit Information

1. Name of participant _____ 2. PID _____

3. Participant mailing address (if changed)

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

b. City

c. County

d. State

e. ZIP Code

4. Phone number of participant (if changed) _____

5. Exit due to unsubsidized placement? (Select one only)

i. Yes, regular employment ii. Yes, self-employment iii. No

6. If exit is not due to unsubsidized employment, other reason for exit (Select one only)

i. Moved from area ii. For cause iii. Voluntary iv. Non-income eligible

v. Durational limit

vii. Deceased viii. Health/medical ix. Family care x. Institutionalized

6a. Non-exit reasons for closing the record (Select one only)

i. Withdrew application prior to assignment

ii. *Transferred to another project (specify grantee code) _____

iii. *Moved to another sub-grantee (specify sub-grantee code) _____

iv. Dual enrollment

7. Date of exit or other closing of record _____ (MM/DD/YYYY)

7a. Will participant engage in volunteer work after participation?

Yes No Unknown

If yes, number of volunteer activities _____

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

Authorized for Local Reproduction

ETA-9123

(Revised March 2012; replaces prior versions)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average six (6) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

Waiver of Confidentiality

I, _____, hereby authorize _____
[name of participant] [name of employer]

to release to _____ information regarding my employment status
[name of sub-grantee]
and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.

8. Signature of participant _____

9. Date of signing _____ (MM/DD/YYYY)

9a. Exclusion discovered after exit (only for exiters not in unsubsidized employment)
 i. Deceased ii. Health/medical iii. Family care iv. Institutionalized

9b. Date exclusion occurred _____ (MM/DD/YYYY)

10. Exit comments

Volunteer Information

11. Name of primary volunteer activity _____

12. Activity conducted in: Not-for-profit organization Faith-based organization
 Government organization Informal; no organization

13. Is this activity conducted in a SCSEP host agency? Yes No

14. Number of hours per quarter participant expects to volunteer in this activity _____

15. Total number of volunteer activities _____

16. Follow-up

a. *Scheduled date _____ (MM/DD/YYYY)

b. Completed date _____ (MM/DD/YYYY)

c. Engaged in volunteer work? Yes No

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

1. Name of participant _____ 2. PID _____

Employer Information

3. Name of employer _____

4. Employer mailing address

a. Number and street, suite number; and/or PO Box _____

b. City _____

c. State _____ d. ZIP code _____

5. FEIN _____

6. Employer type

Not-for-profit

For-profit

Government

Self-employment

7. Is employer a host agency? Yes No

8. Did employer provide an OJE training site for this participant? Yes No

9. Employment site name and location _____

9a. *Employer received customer satisfaction survey in PY _____

9b. Employer continued availability Available Not available

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

Authorized for Local Reproduction

ETA-9122

(Revised February 2012; replaces prior versions)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average six (6) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

Contact/Supervisor Information

10. Name of contact person _____

11. Contact person's mailing address if different from number 4

a. Organization name or address field 1 _____

b. Number and Street, Suite Number; and/or PO Box or address field 2 _____

c. City _____

d. State _____ e. ZIP Code _____

12. Contact person's title _____

12a. Contact person's salutation Mr. Ms. Dr.

13. Contact person's phone number _____

13a. Contact person's fax number _____

13a1. Contact person's cell phone number _____

13b. Contact person's e-mail address _____

Complete fields 13c-13i if supervisor is different from contact person (number 10). If supervisor is the same as contact person, skip to field 14.

13c. Name of supervisor _____

13d. Supervisor's mailing address if different from number 4

a. Organization or address field 1 _____

b. Number and Street, Suite Number; or PO Box or address field 2 _____

c. City _____

d. State _____ e. Zip Code _____

13e. Supervisor's title _____

13f. Supervisor's salutation Mr. Ms. Dr.

13g. Supervisor's phone number _____

13h. Supervisor's fax number _____

13h1. Supervisor's cell phone number _____

13i. Supervisor's e-mail address _____

Placement Information

14. Start date _____ (MM/DD/YYYY)

15. End date _____ (MM/DD/YYYY)

16. Starting wage per hour \$ _____

17. Benefits (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> a. Health insurance | <input type="checkbox"/> d. Vacation | <input type="checkbox"/> g. Other _____ (specify) |
| <input type="checkbox"/> b. Sick leave | <input type="checkbox"/> e. Transportation | <input type="checkbox"/> h. None |
| <input type="checkbox"/> c. Pension/profit sharing | <input type="checkbox"/> f. Room and board | |

18. At time of placement, is employment expected to be full- or part-time?

- Full-time Part-time

If part-time, number of hours per week expected _____

19. Job title _____

19a. Participant's job code

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

19b. High-growth placement

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Automotive | <input type="checkbox"/> 6. Financial Services | <input type="checkbox"/> 11. Retail |
| <input type="checkbox"/> 2. Advanced Manufacturing | <input type="checkbox"/> 7. Geospatial | <input type="checkbox"/> 12. Transportation |
| <input type="checkbox"/> 3. Biotechnology | <input type="checkbox"/> 8. Health Care | <input type="checkbox"/> 13. None |
| <input type="checkbox"/> 4. Construction | <input type="checkbox"/> 9. Hospitality | |
| <input type="checkbox"/> 5. Energy | <input type="checkbox"/> 10. Information Technology | |

20. Training-related placement? Yes No

21. Was placement the result of a substantial service provided to the employer by the sub-grantee? Yes No

22. Unsubsidized employment comments

Customer Service Survey Information

23. CS survey number 1 _____ Date _____ (MM/DD/YYYY)

24. CS survey number 2 _____ Date _____ (MM/DD/YYYY)

25. CS survey number 3 _____ Date _____ (MM/DD/YYYY)

Follow-up Information

26. *90-day date _____ (MM/DD/YYYY)

27. Has the participant returned to program within the first 90 days after exit?
 Yes No

27a. Has the participant re-enrolled in SCSEP within the first 90 days after exit?
 Yes No

28. Follow-up 1

a. *Scheduled date _____ (MM/DD/YYYY)

b. Completed date _____ (MM/DD/YYYY)

c. Any wages for first quarter after exit quarter? Please also indicate method of verification

- i. No wages
- vi. Yes, supplemental through case management, participant survey, and/or verification with the employer
- vii. Unable to obtain information
- viii. Excluded

c1. If excluded, reason

- i. Deceased
- ii. Health/medical
- iii. Family care
- iv. Institutionalized

29. Follow-up 2

a. *Scheduled date _____ (MM/DD/YYYY)

b. Completed date _____ (MM/DD/YYYY)

- c. Any wages for second quarter after exit quarter? Please also indicate method of verification
 - i. No wages
 - vi. Yes, supplemental through case management, participant survey, and/or verification with the employer
 - vii. Unable to obtain information
 - viii. Excluded
- c1. If excluded, reason
 - i. Deceased
 - ii. Health/medical
 - iii. Family care
 - iv. Institutionalized
- d. If yes, earnings for second quarter after exit quarter \$ _____
- e. Any wages for third quarter after exit quarter? Please also indicate method of verification
 - i. No wages
 - vi. Yes, supplemental through case management, participant survey, and/or verification with the employer
 - vii. Unable to obtain information
 - viii. Excluded
- e1. If excluded, reason
 - i. Deceased
 - ii. Health/medical
 - iii. Family care
 - iv. Institutionalized
- f. If yes, earnings for third quarter after exit quarter \$ _____

30. Follow-up 3

- a. *Scheduled date _____ (MM/DD/YYYY)
- b. Completed date _____ (MM/DD/YYYY)
- c. Any wages for fourth quarter after exit quarter? Please also indicate method of verification
 - i. No wages
 - vi. Yes, supplemental through case management, participant survey, and/or verification with the employer
 - vii. Unable to obtain information
 - viii. Excluded
- c1. If excluded, reason
 - i. Deceased
 - ii. Health/medical
 - iii. Family care
 - iv. Institutionalized

31. Customer satisfaction and follow-up comments.

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

ILLINOIS DEPARTMENT ON AGING

SCSEP AND VETERANS' PRIORITY OF SERVICE

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Who is eligible for priority of service? Veterans and certain spouses, including widows and widowers, are eligible for priority of service. In implementing priority of service, the Department requires that programs use the broad definition of "veteran" found in 38 USC 101(2). That definition means persons who served in the active military, navy, or air service, and who were discharged or released under conditions other than dishonorable. Active service includes full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes.

Spouses may also claim priority for services if they meet certain specified criteria. "Eligible spouse" is defined as the spouse of any of the following (38 USC 4215[a]):

- a. Any veteran who died of a service-connected disability
- b. Any member of the Armed Forces on active duty who, at the time of application for priority, has been listed in one of the following categories for more than 90 days: (1) Missing in action; (2) Captured in line of duty by a hostile force; or (3) Forcibly detained or interned in line of duty by a foreign government.
- c. Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs
- d. Any veteran who died while a disability was in existence

What does providing priority of service mean? Priority of service means that veterans and eligible spouses are given priority over non-covered persons for the receipt of employment, training, and placement services provided under a DOL-funded program. Priority of service for SCSEP means that a covered person who is eligible for SCSEP gets access to SCSEP services instead of or before any non-covered person.

How do I verify the status of covered persons? A covered person need not provide verification of status at the time of enrollment. A self-attestation is sufficient to entitle the person to priority of service for a community service assignment and to services provided by grantee or sub-grantee staff, like orientation; however, documentation needs to be provided before the payment of wages or the expenditure of other program funds.

Eligibility can be verified using a variety of official documents, including, but not limited to:

- A DD 214 (issued following separation from active duty)
- An official notice issued by the Department of Veterans Affairs that establishes entitlement to a disability rating or award of compensation to a qualified dependent

- An official notice issued by the Department of Defense that documents the eligibility of an individual, based on the missing or detained status of that individual's active duty spouse
- An official notice issued by a state veterans' service agency that documents veteran status or spousal rights, provided that the state veterans' service agency requires federal documentation of that information.

NOTICE

POLITICAL ACTIVITIES UNDER THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SCSEP participants may participate freely in the political process with the following exceptions:

- No program participant or staff person may engage in partisan or nonpartisan political activities while he or she is on the job.
- No program participant or staff person, at any time, may represent himself or herself as a spokesperson of the SCSEP and engage in partisan or non-partisan political activities.
- No program participant may be employed or out-stationed in the office of a member of Congress, in the office of a state or local legislator, or on the staff of a legislative committee.
- Some participants who are employed by federal, state, and local governments on federally-aided projects may have additional restrictions as a result of the Hatch Act.

For Additional Information contact:

1. Your Project Director
2. The Inspector General of the Department of Labor at
800) 347-3756.
3. Hatch Act Information at (800) 854-2824 or
[www:osc.gov/hatchact.htm](http://www.osc.gov/hatchact.htm)

INDIVIDUAL RIGHTS TO PRIVACY OF PERSONAL INFORMATION

1. The Illinois Department on Aging, as a Prime Sponsor for the Older Americans' Title V Senior Community Services Employment Program, is required by Federal Regulations and by the U.S. Secretary of Labor, to obtain personal information about Title V applicants and participants. You, as a Title V applicant, are required to provide information on personal identification, public assistance and unemployment insurances claims, family income, employment history and other socio-economic characteristics: employment and training goals and objectives, and post enrollment occupation and public assistance. Refusal on your part to supply such information may limit the services that can be provided to you under the Older Americans Act.

1. The information supplied by you will be used to determine which services are best suited to your needs and to evaluate your process in the Title V program. The U.S. Department of Labor, the Illinois Department on Aging and the Chicago Department on Aging with whom you are enrolled will have access to the information supplied by you.

Only your names and the fact that you are a Title V participant, are public information. No other personal information about you will be released to any agency or public body, other than those listed above, without your expressed permission/consent, unless the information is related to the performance or evaluation of the grant, which is consistent with the proper administration of the law.

No personal information about you will be released in response to a mandatory legal request (for example, a subpoena) before you are notified of that release.

3. Your personal information will be filed and maintained in accordance with Federal regulations and directives.

4. Your personal data is fully available to you for your inspection and copies will be provided to you upon request.

4. If you wish to correct/amend, or further explain any of the information in your records, you may do so. The Department on Aging is required to acknowledge, in writing, the fact that you have requested an opportunity to correct or explain your personal information.

An investigation of the information in question will be conducted. If a dispute arises between you and the Department on Aging's Employment Division as to changes in your records, the fact that you have contested the validity of your personal information will be entered on your record.

If you are dissatisfied with the investigation of your record, you may appeal to the Director of the Illinois Department on Aging. If the Director fails to resolve the above dispute within thirty (30) days of receipt of your complaint, you may request (in writing within five (5) working days) the Director to forward your record to the "Region V Employment and Training Administration, Older Worker Group, U.S. Department of Labor, 230 South Dearborn, Chicago, Illinois 60604.

Host Agency: (name, address, phone #)	Participant No.: _____
	ILLINOIS DEPARTMENT ON AGING GRIEVANCE FORM SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
NAME OF COMPLAINANT: ADDRESS OF COMPLAINANT: CITY, STATE, ZIP: PHONE NUMBER: JOB TITLE:	<input type="checkbox"/> TITLE V PARTICIPANT <input type="checkbox"/> SUB-GRANTEE
DATE OF ALLEGED VIOLATION:	
SUPERVISOR:	
Facts Surrounding Violation:	
Witness(es) to Violation:	
Remedy Sought by Complainant:	
_____	_____
Date	Signature of Complainant
_____	_____
Date of Complaint Received	Signature of Accepting Agent

ILLINOIS DEPARTMENT ON AGING

GRIEVANCE PROCEDURES

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

As an applicant or participant of the Older Americans Title V Senior Community Service Employment Program (SCSEP), which is funded by the U.S. Department of Labor, you are guaranteed due process of a fair decision on any complaint arising between the Illinois Department on Aging, SCSEP sub-grantee or SCSEP host agency and an applicant or participant.

You are assured against complaints of alleged discrimination on the basis of race, color, sex, religion, national origin, handicap, or age.

EQUAL EMPLOYMENT OPPORTUNITY ASSURANCES

Equal Employment Opportunity Assurances are applicable during the eligibility determination and application process and while you are enrolled in the SCSEP Program.

These assurances mean you must be provided an equal opportunity to receive all benefits available to participants; and to use all services provided to participants.

- You cannot be required to work, train or receive services in buildings which are unsanitary, hazardous or dangerous to your health or safety.
- You cannot be coerced, commanded, or advised to pay, lend or contribute anything of value to a party, committee, organization, agency or person for political purposes.

If you feel that you are a victim of unfair treatment, harassment or discrimination by a supervisor, manager, coworker, or by the SCSEP Employment Specialist, you may file a complaint and/or a grievance.

Prior to filing an official grievance, you are encouraged to discuss a complaint with the Employment Specialist, either by telephone or in writing, within five **(5)** business days of the occurrence of the complaint. *This communication process is intended to insure that complaints receive prompt attention and encourage resolution at the level where it originated.* This

step in the compliant process is encouraged but not required. You can start the complaint process by filing an official grievance with the Executive Director of the sub-grantee.

The Employment Specialist will work with you to provide a solution or explanation within five **(5)** additional business days. If you are not satisfied with the answer or resolution to the complaint from the Employment Specialist, you may then file an official grievance with the Executive Director or other designee of the SCSEP sub-grantee.

The SCSEP applicant or participant must submit a grievance with the sub-grantee's Executive Director, in writing, within **twenty (20)** business days of the occurrence of the grievance. NOTE: This applies to the post-mark date of the grievance. This communication process is intended to ensure that complaints receive prompt attention and encourage resolution at the level where the applicant or participant is assigned.

The following applies to your grievance and the applicable timeframes:

1. The SCSEP sub-grantee Executive Director or the Executive Director's designee will contact you within five **(5)** business days after receiving the written grievance and provide you with the opportunity to further discuss the complaint, whether by telephone or in person.
2. The SCSEP sub-grantee Executive Director or the Executive Director's designee must investigate your grievance before providing you with a written response within ten **(10)** business days after the Executive Director receives your grievance. Note: The designee of the Executive Director **cannot** be the SCSEP Employment Specialist when the grievance is against the Employment Specialist.
3. If you are not satisfied with the SCSEP sub-grantee Executive Director or Executive Director designee investigation and /or response, you may appeal in writing to the Director of the Illinois Department on Aging. This written appeal must be mailed within ten **(10)** business days after you receive the SCSEP sub-grantee Executive Director or designee response. The written appeal must be *directed or mailed to:*

Director
Illinois Department on Aging
Attention: SCSEP Program Manager
One Natural Resources Way
Springfield, Illinois 62702-1271

4. The Director or a designated representative will provide you with a written decision within **(10)** business days after the appeal is received,

unless additional time is required under the circumstances. Allegations determined to be substantial and credible will be investigated and addressed.

If you are not satisfied with the Illinois Department on Aging's ruling, then in accordance with the Federal Regulations, allegations of violations of Federal law which are not resolved within sixty **(60)** days under the grantee's procedures may be directed or mailed to:

Chief, Division of Adult Services
Employment and Training Administration
U.S. Department of Labor
200 Constitution Avenue, NW.
Washington, DC 20210.

Allegations determined to be substantial and credible will be investigated and addressed.

Questions about, or complaints alleging a violation of, the nondiscrimination requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Section 188 of the Workforce Investment Act of 1998 (WIA), or their implementing regulations may be directed or mailed to:

Director, Civil Rights Center
U.S. Department of Labor
Room N 4123, 200 Constitution Avenue, NW.
Washington, DC 20210.

In the alternative, complaints alleging violations of WIA section 188 may be filed initially at the grantee level. See 29 CFR 37.71, 37.76. In such cases, the grantee must use complaint processing procedures meeting the requirements of 29 CFR 37.70 through 37.80 to resolve the complaint.

**ILLINOIS DEPARTMENT ON AGING
DIVISION OF HOME AND COMMUNITY SERVICES**

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Termination Policy and Procedures

DATE: October 5, 2011

EFFECTIVE: December 1, 2011

PURPOSE: To issue a statewide-standardized termination policy for the State of Illinois Senior Community Service Employment Program (SCSEP).

REFERENCES: Senior Community Service Employment Program; Final Rule, 20 CFR, pt. 641.580 (2010).

BACKGROUND: The United States Department of Labor (U.S.DOL) requires a termination policy be applied consistently throughout the State of Illinois to all participants within the SCSEP program. For the purpose of this policy, the termination of a SCSEP participant is defined within this policy and procedures, regardless of any current sub-grantee or host agency's internal policy.

POLICY:

This policy is to be applied fairly and equitably to all SCSEP participants. Participants may not be terminated from the program solely on the basis of their age, as there is no upper age limit. SCSEP sub-grantees may not impose an upper age limit for participation in the SCSEP. No SCSEP participant shall be terminated from the program based on age.

All participant terminations must be extremely detailed and documented to the fullest extent possible in the participant's case file.

A SCSEP participant will be given an opportunity to correct his/her behavior or conduct, or his/her failure to comply with the IEP requirements, except in cases involving serious harm or imminent threat to health, safety, property, etc. NOTE: If at any point during enrollment the participant makes positive efforts or the participant's lack of action is justified, the corrective action will be discontinued.

The following steps for corrective action will be taken:

- **Step 1: First Formal Warning**

If a participant displays behavior or conduct outlined in the reasons for "for-cause" terminations or refuses to comply with the IEP requirements, the participant will be given a verbal warning and counseled to correct his/her action(s). Absent extenuating circumstances, the participant will be informed in writing by the sub-recipient Employment Specialist of the requirement to correct his/her behavior or conduct.

- **Step 2: Second Formal Warning**

When a participant for a second time displays behavior or conduct outlined in the reasons for "for-cause" terminations or refuses to comply with the IEP requirements, the participant will be given a verbal warning and counseled to correct his or her action(s). Absent extenuating circumstances, the sub-recipient Staff Supervisor will send the participant a written warning that he or she has 30 days from the date of the letter to correct his or her behavior or conduct. In the case of an IEP violation, the participant may be directed to complete specific IEP-related tasks. The written warning will include a statement that failure to make improvement or complete the IEP-related tasks will result in termination.

- **Step 3: Termination**

When a participant does not make improvement in his or her action(s) or for a third time displays behavior or conduct outlined in the reasons for "for-cause" terminations, a letter will be sent notifying the participant that he or she will be exited 30 days from the date of the letter.

Participant terminations must be documented to include details in case notes explaining the cause and justification for the termination. Sub-recipient case notes are to be maintained in the participant file. The termination is to be reported on the SCSEP Exit Form and entered into the SPARQ system.

Participant Terminations

A SCSEP sub-grantee may terminate a participant for cause or otherwise. Upon enrollment in SCSEP a participant shall receive a written copy of the Termination Policy, and the policy will be reviewed during this time. In doing so, the SCSEP sub-grantee inform the participant, verbally and in writing, of the reason(s) for termination.

The SCSEP sub-grantee must give the participant written notice explaining the reason(s) for termination and must terminate the participant thirty (30) days after it has provided the participant with written notice. The SCSEP sub-grantee **is not required** to permit the participant to work at his/her community service assignment during the 30 days notice of termination.

Participants may be terminated for the following reasons:

- Knowingly providing false information during the eligibility process;
- No longer eligible during recertification;
- Due to the 48-Month Participant Time Limitation provision;
- Obtaining employment during SCSEP enrollment; and/or
- Termination for cause.

Termination for cause may be one or more of the following provisions/actions:

- Refusal to cooperate in recertifying eligibility;

- Frequent tardiness, which consists of three (3) or more unauthorized and documented occurrences of tardiness at the host agency/training site without good cause or proper notification;
- Frequent absenteeism, which consists of three (3) or more unauthorized and documented absences from the host agency/training site without good cause or proper notification;
- Insubordination, that is, intentionally refusing to carry out an action that is provided via direction or instruction of a SCSEP representative (i.e., host agency supervisor, host agency staff member, and/or sub-grantee representative) without good cause;
- Any action associated with consuming, selling, purchasing, manufacturing, distributing, possessing or using an illegal or non-prescribed drug or being under the influence of alcohol and/or other drugs while performing the host agency training/following tasks as designated by the IEP (Legally prescribed drugs that do not affect the participant's ability to perform his/her duties as assigned by the host agency are permissible);
- Conviction of a felony or any criminal drug statute for a violation occurring in the workplace while on or off duty, or while on duty away from the workplace;
- Use of abusive, harassing, threatening and/or obscene language or behavior(s);
- Workplace harassment or discrimination on the basis of age, sex, race, color, religion, national origin, marital status, or disability;
- Theft or destruction of sub-grantee or host agency/training site property;
- Intentional loss, damage, destruction, or unauthorized use of sub-grantee or host agency/training site property;
- Intentional disclosure of unauthorized records or information;
- Participant falsifies time sheets or other official records;
- Refusal to accept a different host agency assignment and/or unsubsidized job offers or referrals *; and/or
- Failure or refusal to abide by the IEP and/or to accept IEP-related training opportunities.

* Refusal to accept and/or unreasonable refusal to accept a minimum of three community service assignments, job offers or job referrals to unsubsidized employment. It is up to the sub-grantee to investigate, review and determine whether or not such refusals are grounds for termination. The community service assignments and referrals to unsubsidized employment must be consistent with the IEP and there must be no extenuating circumstances that would hinder the participant from moving to unsubsidized employment.

Other Terminations

1. If, at any time, a SCSEP sub-grantee determines that a participant was incorrectly declared eligible as a result of false information knowingly given by that individual, the SCSEP sub-grantee must give the participant immediate

written notice explaining the reason(s) for termination and may terminate the participant 30 days after it has provided the participant with such written notice. The SCSEP sub-grantee shall not permit the participant to work at his/her community service assignment during the 30 days notice of termination.

2. If, during eligibility verification under 641.505, a SCSEP sub-grantee finds a participant to be no longer eligible for enrollment, the SCSEP sub-grantee must give the participant written notice explaining the reason(s) for termination and may terminate the participant 30 days after it has provided the participant with written notice. The SCSEP sub-grantee is required to permit the participant to work at his/her community service assignment during the 30 days notice of termination.
3. If, at any time, the SCSEP sub-grantee determines that it incorrectly determined a participant to be eligible for the program through no fault of the participant, the SCSEP sub-grantee must give the participant immediate written notice explaining the reason(s) for termination and may terminate the participant 30 days after it has provided the participant with written notice. The SCSEP sub-grantee is required to permit the participant to work at his/her community service assignment during the 30 days notice of termination.

Other Termination Requirements

When a SCSEP sub-grantee makes an unfavorable determination of enrollment eligibility under paragraph (1), (2), or (3) of the *Other Terminations* section the individual will be referred to other potential sources of assistance, such as the One-Stop Delivery System.

SCSEP sub-grantees must provide each participant at the time of enrollment with a written copy of its policies for terminating a participant for cause or otherwise, and must verbally review those policies with each participant.

All terminations must be consistent with administrative guidelines issued by the U.S. Department of Labor. The participant must be informed verbally and in writing of the termination by receiving an official Termination Notice, IDoA Form #09-13A. A written copy of the Grievance Policy will be attached to the Termination Notice.

The termination must be consistent with the applicable grievance procedures described in §641.910.

The Illinois Department on Aging does not offer any individual participant durational limit beyond the maximum of 48 months. No SCSEP participants will be offered or granted an extension beyond the 48 month time limit for participation in SCSEP. This policy will take effect on January 1, 2012. The Department will continue to accept waiver requests for participants whose 48 months will expire on or prior to December 31, 2011 based on the current policy (dated December 17, 2010).

ACTION REQUIRED: SCSEP sub-grantees must inform participants and host agencies of the termination policy upon enrollment and participant termination immediately. Each SCSEP sub-grantee must adopt this new policy and advise new or potential SCSEP participants of this termination policy during the enrollment process and again at the time of termination from the SCSEP program. All current host agency agreements must be updated to include this termination policy.

REVISION DATE December 1, 2011

ILLINOIS DEPARTMENT ON AGING
TERMINATION NOTICE
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

HOST AGENCY INFORMATION

HOST AGENCY:

PHONE NUMBER:

ADDRESS:

SUPERVISOR'S NAME:

PLACEMENT DATA

NAME (Last, First, Middle Initial):

PID NUMBER:

HOME ADDRESS (Number, Street, City, State, Zip Code):

HOME TELEPHONE
NUMBER:

REASON FOR TERMINATION: Please mark the reason for termination

- No Longer Eligible for SCSEP
- Refusal to cooperate in recertifying eligibility
- Refusal to comply with SCSEP requirements
- Inability and/or reluctance to perform assigned duties
- Frequent tardiness
- Frequent Absenteeism
- Insubordination
- Breach of Agency Confidentiality policy
- Non-compliance with the substance abuse policy
- Uses obscene language
- Acts in an abusive manner
- Participant falsifies timesheets or other official records
- Unreasonable refusal to accept a different host agency assignment
- Unreasonable refusal to accept () unsubsidized job offers or referrals
- Failure and/or refusal to abide by the IEP
- Administrative Leave of Absence
- Other:

Comments:

EMPLOYMENT SPECIALIST SIGNATURE:

DATE: