

## Senior Community Service Employment Program Self Attestation Statement

I attest that I believe the information stated below is true and accurate to the best of my understanding, and understand that if any of the information provided below is false, it may be grounds for immediate termination from the SCSEP Program. Check only those that apply.

- ☐ Homeless
- ☐ At Risk for Homelessness
- ☐ Zero includable Family Income (document on Income Worksheet or Case Management Note)
- ☐ Unemployed at time of enrollment (do not work at all as paid employee; do not have my own business; do not have a job from which I am temporarily absent)
- ☐ Failed to find employment after being enrolled in WIA Title I Services
- ☐ Veteran or Qualified Spouse of Veteran (only when DD Form 214 is pending for Veterans discharged after 1950)
- ☐ Veteran or Qualified Spouse of Veteran (for Veterans discharged prior to 1950)
- ☐ Limited English Proficiency
- ☐ Limited Literacy Skills
- ☐ Low Employment Prospects (Participant Form SSA #42) (Participant Form SCSEP #30)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Project Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*The information provided in the form will be used solely to determine your eligibility for the Title V Program and is not intended for any other purpose. The information will be treated as confidential information.*

### CASE NOTES