



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
INITIAL ASSESSMENT

EFFECTIVE
JULY 1, 2015

SECTION 1: GENERAL INFORMATION

Participant Name: _____ Date of Initial Assessment: _____

1. How did you hear about the SCSEP Program?

Newspaper Flyer Friend Word of Mouth Other _____

2. What are you hoping for this program to provide for you?

Some Financial Stability Socialization Training in new area Improve Computer Skills Other



The Senior Community Service Employment Program (SCSEP) is a program administered by the Department of Labor that serves unemployed low-income persons who are 55 years of age and older and who have poor employment prospects by training them in part-time community service assignments and by assisting them in developing skills and experience to facilitate their transition to unsubsidized employment. **Participant Initial here** _____

SECTION 2: WORK HISTORY

Please complete the following work history beginning with your most recent employer.

MOST RECENT EMPLOYER		Select all that apply	Start Date	
JOB TITLE		<input type="checkbox"/> Paid	End Date	
DUTIES/SKILLS		<input type="checkbox"/> Unpaid	Reason for Leaving:	
		<input type="checkbox"/> Volunteer	Rate of Pay/Wages:	
		<input type="checkbox"/> Military	Hours per week:	
		<input type="checkbox"/> Homemaker		
EMPLOYER		Select all that apply	Start Date	
JOB TITLE		<input type="checkbox"/> Paid	End Date	
DUTIES/SKILLS		<input type="checkbox"/> Unpaid	Reason for Leaving:	
		<input type="checkbox"/> Volunteer	Rate of Pay/Wages:	
		<input type="checkbox"/> Military	Hours per week:	
		<input type="checkbox"/> Homemaker		
EMPLOYER		Select all that apply	Start Date	
JOB TITLE		<input type="checkbox"/> Paid	End Date	
DUTIES/SKILLS		<input type="checkbox"/> Unpaid	Reason for Leaving:	
		<input type="checkbox"/> Volunteer	Rate of Pay/Wages:	
		<input type="checkbox"/> Military	Hours per week:	
		<input type="checkbox"/> Homemaker		

Attach a copy of the individual's resume or refer to the American Job Center or available services for assistance in developing one.



1. Which of your previous jobs did you enjoy most? _____ Why? _____
2. Would you consider doing the same type of work again? YES NO
 Why or Why not? _____
3. How many minutes or miles are you willing to travel to a job? _____
4. What have you been doing to find a job in the past year? _____
5. What type of job have you been looking for in the past year? _____
6. How long have you been out of work? _____
7. How long have you been looking for a job? _____
8. What kind of volunteer activities have you done in the last 30 days: _____
9. During the past year, have you worked with or been assisted by any other workforce development agency?

10. Do you have any Talents/Hobbies you didn't already mention? If so, what are they: _____

SECTION 3: EDUCATION AND TRAINING HISTORY

Select the highest level of education completed, field of study and date completed:

Level of Education			
<input type="checkbox"/> GED or <input type="checkbox"/> H.S Diploma Date Received _____	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters
<input type="checkbox"/> Other, Indicate grade level completed _____			
Date Completed			
Field of Study			

1. Do you have any job-related licenses or skills certifications? (e.g. LPN, welding, nurse aide, cosmetology, etc...)

2. Are you currently attending school, training, or any educational classes? _____
 If so, What? _____ and Where? _____

SECTION 4: OCCUPATIONAL PREFERENCES

1. If you could get more training and instruction, what would be your perfect position?

2. Which of these work-related items are most important to you in a job right now? (Choose your top 3)

<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Small office	<input type="checkbox"/> Large office	<input type="checkbox"/> Wages
<input type="checkbox"/> Lots of people	<input type="checkbox"/> Few people	<input type="checkbox"/> Busy	<input type="checkbox"/> Quiet	<input type="checkbox"/> Benefits
<input type="checkbox"/> Work in a team	<input type="checkbox"/> Work alone	<input type="checkbox"/> None	<input type="checkbox"/> Time and distance it takes to get to work	



3. Do you like working with **numbers and information**? This includes factual information, number specifications, research or data based information, codes, measurements, etc. **Examples** of this type of job may include accountant, bookkeeper, credit reporter, purchaser, claims adjuster, **cashier**, writing, filing, typing etc. Yes, Explain No, Explain
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4. Do you like working with **people**? This includes working directly with people or helping people. **Examples** of this type of job may include: **health care/social worker**, teacher, **nurse**, policeman, waitress, **receptionist**, etc. Yes, Explain No, explain
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5. Do you like working with **things**? This includes working with machinery, office equipment, shovels, tools, trucks, etc. **Examples** of this type of job may include **construction trades**, air conditioning and heating technicians, auto mechanics, auto body repairers, electricians, welders, truck drivers, **computer repairers**, machinist, general labors, **janitorial**, **custodian**, maintenance jobs etc. Yes, Explain No, Explain
-

Section 5: SUPPORTIVE SERVICE NEEDS CHECKLIST

Please use the checklist below to identify any other needs you have at this time:

<p>Transportation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get a valid driver's license <input type="checkbox"/> Get auto insurance, registration etc. <input type="checkbox"/> Get access to a working vehicle <input type="checkbox"/> Get help with gas money <input type="checkbox"/> Get help with public transportation 	<p>Job Readiness/Job Search</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get access to a computer or printer at home <input type="checkbox"/> Get internet access and an email address <input type="checkbox"/> Learn how to use a computer <input type="checkbox"/> Get access to a working answering machine or voice mail <input type="checkbox"/> Get a working cell phone <input type="checkbox"/> Develop a resume and cover letter <input type="checkbox"/> Learn to search for a job <input type="checkbox"/> Get proper interview clothing 	<p>Housing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need basic essentials (food, clothing) <input type="checkbox"/> I want to live in my own place <input type="checkbox"/> Pay past due utilities <input type="checkbox"/> Get a telephone <input type="checkbox"/> Past due rent/Mortgage <input type="checkbox"/> Rent will increase
<p>Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get an eye exam/eye glasses <input type="checkbox"/> Reduce alcohol use <input type="checkbox"/> Reduce drug use <input type="checkbox"/> Get my teeth fixed, go to a dentist <input type="checkbox"/> Get personal grooming/hygiene items (make-up, toothpaste, soap, deodorant, etc.) <input type="checkbox"/> Need special accommodation due to: <ul style="list-style-type: none"> <input type="checkbox"/> Cannot lift over _____ pounds <input type="checkbox"/> Cannot sit or stand for long periods <p>Other: _____</p>	<p>Personal/Family</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop confidence <input type="checkbox"/> Spend more time with others <input type="checkbox"/> Feel less frustrated, angry or confused <input type="checkbox"/> Get counseling for loss of a loved one <input type="checkbox"/> Learn money management skills <input type="checkbox"/> Pay family bills/debts <input type="checkbox"/> Needs for child/family care <input type="checkbox"/> Resolve/learn to address prior felonies or convictions 	<p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> SCSEP wages will decrease other benefits <input type="checkbox"/> Other Needs: _____ <input type="checkbox"/> Received referral/service from another source <input type="checkbox"/> Participant declined referral at this time <input type="checkbox"/> No referral resources available <input type="checkbox"/> No supportive needs at this time

AGREEMENT

I agree that I have been an active participant in this assessment process. The information I gave for this assessment is true and correct.

Participant Signature _____

Date _____

Project Director/Staff Signature _____

Date _____



FOR USE BY **SCSEP STAFF ONLY** BEYOND THIS POINT

This section of the participant's Initial Assessment is designed to allow you-SCSEP staff the opportunity to reflect on the information you have collected to better assign the participant to a Host agency that will provide the training and guidance best suited for this participant and centered on their best experience with the SCSEP program through the development of their Individual Employment Plan.



Section 6: OCCUPATIONAL SKILLS ASSESSMENT

EDUCATION (BASIC SKILLS)	JOB KEEPING	JOB PREPARATION
<input type="checkbox"/> Does not have diploma or GED <input type="checkbox"/> Does not speak English fluently <input type="checkbox"/> Has Low Literacy Skills, unable to compute or solve problems, read, write, or speak at or above the 8th grade <input type="checkbox"/> Unable to compute or solve problems, read, write or speak at a level necessary function on the job, with family or in society. <input type="checkbox"/> Other _____	<input type="checkbox"/> Has not worked full-time (32+ hours a week) for at least ninety (90) days with one employer in the past year. (Ref: Employment History) <input type="checkbox"/> Has been fired from a job. <input type="checkbox"/> Has had problems with supervisors/co-workers in past. <input type="checkbox"/> Personal problems have interfered with employment in past. (potentially related to substance, mental health and/or behavioral issues) <input type="checkbox"/> Other _____	<input type="checkbox"/> Does not have a computer or printer at home <input type="checkbox"/> Does not have internet access or an email address <input type="checkbox"/> Does not know how to use a computer <input type="checkbox"/> Does not have a working answering machine or voice mail <input type="checkbox"/> Does not have a cell phone <input type="checkbox"/> Does not have a resume and cover letter <input type="checkbox"/> Has not searched for a job in several years <input type="checkbox"/> Has a history of underemployment in the last 10 years. <input type="checkbox"/> Other _____
<i>Total of 1 or more checks indicates need for ADDITIONAL EDUCATION TRAINING. INDICATE TRAINING NEEDED ON THE ADDITIONAL EDUCATION TRAINING SECTION OF THE IEP.</i>	<i>Total of 1 or more checks indicates need for PARTICIPANT TO DEVELOP JOB KEEPING SKILLS AT THE COMMUNITY SERVICE ASSIGNMENT IN THE CSA SECTION OF THE IEP</i>	<i>Total of 1 or more checks indicates need to COMPLETE TASKS FOR JOB PREPARATION SKILLS OF THE INITIAL IEP</i>
Remember to transfer and develop goals for checked items on the Initial IEP.		

Section 7: APTITUDE

PLEASE STAPLE A COMPLETED APTITUDE TEST TO THE ASSESSMENT. YOU MAY USE THE SAME FORMS YOU CURRENTLY USE OR THE FORMS RECOMMENDED BY SSAI.

Section 8: OVERALL ASSESSMENT

AFTER THE INITIAL ASSESSMENT INTERVIEW IS DONE, COMPLETE THIS SECTION AND MAKE CASE NOTES AS NEEDED ON THE ATTACHED CASE NOTE FORM.

Job Readiness Skills	Excellent	Good	Fair	Needs Improvement	Unable to Assess/ Re-Assessment Job Readiness Skills Month/Year
Participant's current potential for performing at an assigned community service agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> / Date _____
Participant's current potential for transitioning to unsubsidized employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> / Date _____

Identify three possible community service assignments based on the participant's preferences and potential employment goals.

1) _____ 2) _____ 3) _____

NEXT REASSESSMENT and/or IEP APPOINTMENT: _____

Schedule the next appointment and add to your calendar to assure follow-up.

Grantees may not use SCSEP for job ready individuals who only need job search assistance or job referral services. A Job Ready individual will have all three of the following criteria:

- Hard and Soft skills** to do the job
- Motivation**
- Life Situation** is conducive to work (reliable transportation, health etc.)

If all Job Ready criterion are met, this participant is not eligible for SCSEP. Please refer to the American Job Center!
DO NOT ENROLL.



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CASE NOTE

On _____, SCSEP staff obtained the following information: _____
(Date)

_____ SCSEP Staff name/Date of event and/or date recorded

_____ Source of Information

_____ Title or Relationship and phone number

_____ Date information obtained