SCSEP Community Service Assignment Form

OMB Approval Number: 1205-0040
Expiration Date: 04/30/2014

1. Name of participant _____ 2. PID _____

3. Grantee_____

Host Agency Information

4. Name of host agency _____

5. Host agency mailing address

_____
a. Number and Street, Suite Number; or PO Box

_____
b. City

_____
c. State d. ZIP code

6. FEIN_____

7. Host agency type: ☐ Not-for-profit ☐ Government

7a. Date of host agency agreement _____ (MM/DD/YYYY)

7b. Date of host agency monitoring visit _____ (MM/DD/YYYY)

8. Host agency site name and location_____

8a. Host agency job codes: i _____ ii _____ iii _____

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	

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(Revised June 2011; replaces prior versions)

8b. Host agency continued availability ☐ Available ☐ Not available

Contact/Supervisor Information

9. Name of contact person _____

10. Contact person's mailing address if different from number 5

_____
a. Organization

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

_____
c. City

_____
d. State e. ZIP Code

11. Contact person's title _____

11a. Contact person's salutation ☐ Mr. ☐ Ms. ☐ Dr.

12. Contact person's phone number _____

12a. Contact person's fax number _____

12a1. Contact person's cell phone number _____

12b. Contact person's e-mail address _____

Complete fields 12c-12i if supervisor is different from contact person (number 9). If supervisor is the same as contact person, skip to field 12j.

12c. Name of supervisor _____

12d. Supervisor's mailing address if different from number 5

_____
a. Organization

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

_____
c. City

_____
d. State e. ZIP Code

12e. Supervisor's title _____

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12f. Supervisor's salutation ☐ Mr. ☐ Ms. ☐ Dr.

12g. Supervisor's phone number _____

12h. Supervisor's fax number _____

12h1. Supervisor's cell phone number _____

12i. Supervisor's e-mail address _____

12j. Funding source of supervisor or contact person/supervisor:
☐ Federal ☐ Non-federal $_____ (hourly rate) _____ (average hours per week)

Assignment Information

13. Assignment date_____ (MM/DD/YYYY)

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

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

15a. Approved break in participation
Start date _____ (MM/DD/YYYY) Expected end date_____ (MM/DD/YYYY)
Actual end date_____ (MM/DD/YYYY)

15b. Reason for approved break in participation
☐ i. Family/health ☐ iii. Administrative
☐ ii. Personal ☐ iv. Other (specify)_____

15c. Comments on approved break in participation

16. CSA wage (per hour) $ _____

16a. Number of hours per week assigned _____

16b. Participant's schedule

16c. Date of safety consultation with participant _____ (MM/DD/YYYY)

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17. Community service assignment code_____(Select only one code from following lists)

Service to the general community includes the following activities:

G1. Education	G6. Environmental Quality	G11. Counseling
G2. Health and Hospitals	G7. Public Works & Transportation	G12. Conservation
G3. Housing and Home Rehabilitation	G8. Social Services	G13. Community Betterment
G4. Employment Assistance	G9. Legal	G14. Other_____
G5. Recreation, Parks, and Forests	G10. Financial	

Service to the elderly community includes the following activities:

E1. Project Administration	E6. Nutrition Programs	E11. Counseling
E2. Health and Home Care	E7. Transportation	E12. Conservation
E3. Housing and Home Rehabilitation	E8. Outreach/Referral	E13. Community Betterment
E4. Employment Assistance	E9. Legal	E14. Other_____
E5. Recreation/Senior Centers	E10. Financial	_____

18. Community service assignment title _____

18a. 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	

18b. Participant's workers' compensation code_____

19. Total hours paid in quarter

Quarter 1 _____ Quarter 3_____

Quarter 2 _____ Quarter 4_____

20. Types of training received (Check all that apply)

☐ a. General training (basic skills)
☐ b. Specialized training (specific job/industry)
☐ c. On-the job-experience (OJE)
☐ d. Other (specify)_____
☐ e. None

21. Total hours of paid training received in quarter

Quarter 1 _____ Quarter 3_____

Quarter 2 _____ Quarter 4_____

22. Community service assignment comments

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Sub-Grantee Provided Training Information

Training Provider Information

23. Name of training provider or OJE employer _____

24. Training provider or OJE employer mailing address

_____
a. Number and Street, Suite Number; or PO Box

_____
b. City

_____
c. State d. ZIP code

25. Training provider continued availability ☐ Available ☐ Not available

Contact Person Information

26. Name of training provider or OJE employer contact person _____

27. Contact person's mailing address if different from number 24

_____
a. Organization

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

_____
c. City

_____
d. State e. ZIP Code

28. Contact person's title _____

29. Contact person's salutation ☐ Mr. ☐ Ms. ☐ Dr.

30. Contact person's phone number_____

31. Contact person's fax number _____

31a. Contact person's cell phone number _____

32. Contact person's e-mail _____

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Training Information

33. Types of training received (Check only one per training record)

☐ a. General training (basic skills)
☐ b. Specialized training (specific job/industry)
☐ c. On-the job-experience (OJE)
☐ d. Other (specify)_____

34. Job code for which training is provided, if relevant _____

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
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6. Education, Training, and Library	13. Office and Administrative Support	
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35. Participant's workers' compensation code in training _____

36. Start training date_____ (MM/DD/YYYY)

37. End training date _____ (MM/DD/YYYY)

38. Average number of hours of training per week_____

39. Average number of hours of community service per week during training_____

40. If OJE, wages paid by:

☐ Sub-grantee ☐ Employer and reimbursed by sub-grantee at rate of _____%

41. Training wage (per hour) $ _____

42. Total wages paid to participant or reimbursed to employer $ _____

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) $ _____

44. Training Comments