

Planned Program

Recruitment and Selection of Participants:

- (1) Your agency has developed and implemented methods for recruiting and selecting participants that assure the maximum number of eligible individuals have an opportunity to participate in the program. Yes No
- (2) The income definitions and income inclusions for determining Senior Community Service Employment Program (SCSEP) eligibility, as described in Training and Development Guidance Letter (TEGL) 12-06, are used to determine and document participant eligibility. TEGL 12-06 may be access on www.doleta.gov/seniors under Technical Assistance. Yes No
- (3) Your agency has developed strategies to recruit applicants who have priority for service as defined in the Older Americans Act (OAA) Section 518(b)(1)-(2). Priority is to be afforded to individuals who are 65 years of age or older or:
- a) Are veterans or eligible spouses of veterans as defined in 20 CFR 1010.110; Yes No
 - b) Have a disability; Yes No
 - c) Have limited English proficiency or low literacy skills; Yes No
 - d) Reside in a rural area; Yes No
 - e) Have low employment prospects; Yes No
 - f) Have failed to find employment after utilizing services provided through the One-Stop Delivery System; or Yes No
 - g) Are homeless or at-risk for homelessness (OAA Section 518(b)(1)-(2)). Yes No

Please provide additional information if you checked No: _____

Assessment

- (1) Participants are assessed at least two times per 12 month period. Yes No
- (2) Assessment information is used to determine the most appropriate community service assignments for participants. Yes No

Please provide additional information if you checked No: _____

Individual Employment Plan (IEP)

- (1) The IEP establishes an initial goal of unsubsidized employment for all participants. [] Yes [] No
- (2) The IEP is updated at least as frequently as the assessment. [] Yes [] No
- (3) The IEP is used to determine SCSEP training assignments and maximize the participants' potential for transition to unsubsidized employment. [] Yes [] No
- (4) The IEP includes action steps and sets timelines to provide needed support services and to achieve training objectives and employment goals. [] Yes [] No

Please provide additional information if you checked No: _____

Community Service Employment Assignment (CSEA)

- (1) The initial CSEA is based on the assessment done at the time of enrollment. [] Yes [] No
- (2) The IEP is the basis for determining when, as appropriate, to rotate participants through assignments with a CSEA or to other CSEAs to acquire the skills necessary to obtain unsubsidized employment. [] Yes [] No
- (3) Select host agencies are designated 501C organizations. [] Yes [] No
- (4) You have procedures in place for assuring adequate supervision of participants at the host agencies. [] Yes [] No
- (5) You have procedures in place to assure safe and healthy working conditions. [] Yes [] No

Please provide additional information if you checked No: _____

Recertification of Participants

- (1) Participants' income eligibility is recertified at least once every 12 months, or more frequently if circumstances warrant. [] Yes [] No
- (2) You have a written policy identifying actions to use with those found to be ineligible (including notification of their right to appeal the finding). [] Yes [] No

Please provide additional information if you checked No: _____

Physical Examinations

- (1) Paid physicals are offered to participants upon program entry and each year thereafter as a benefit. Yes No
- (2) A written waiver is obtained from each participant who declines to have a physical. Yes No

Please provide additional information if you checked No: _____

Orientation

- (1) Upon entry into SCSEP, your agency provides orientations for the participant and host agency which include information on:

Participant Orientation

- Project goals and objectives Yes No
- Community Service Employment Assignments Yes No
- Training opportunities Yes No
- Available supportive services Yes No
- Participants' rights and responsibilities Yes No
- Host agencies Yes No
- Provision of safe working environment Yes No
- Annual monitoring and safety assessment Yes No
- Termination policies Yes No
- Grievance procedures Yes No

Please provide additional information if you checked No: _____

Participant Benefits

- (1) Benefits are provided that are required by State or Federal law (such as workers' compensation or unemployment insurance), and the costs of physical examinations. Yes No
- (2) Written policies are established that relate to compensation for scheduled work hours during which a host agency is closed for Federal holidays. Yes No
- (3) You have written policies relating to necessary sick leave that is not part of an accumulated sick leave or bonuses. Yes No
- (4) Do you use grant funds to pay the cost of pension benefits, annual leave, accumulated sick leave or bonuses? Yes No

Please provide additional information if you checked No: _____

Durational Limits

- (1) Your agency is complying with an average participation cap for eligible individuals (in the aggregate) of 27 months. Yes No

Please provide additional information if you checked No: _____

Maximum Duration of Program Participation 48 Months

- (1) Your program complies with the requirement that participants may participate in the program no longer than 48 months in the aggregate (whether or not consecutive) unless the participant receives a waiver of this requirement. Yes No
- (2) Participants are notified of the policy pertaining to the maximum duration requirement at the time of enrollment. Yes No

Please provide additional information if you checked No: _____

Termination Procedure

- (1) You provide a reason for termination and inform the participants of your grievance policies. (An IEP termination policy must be approved by NYSOFA prior to implementation.) Yes No

Please provide additional information if you checked No: _____

Written Termination Policy is in effect for:

- (1) Provision of false information (immediate) Yes No
- (2) Incorrect initial eligibility determination Yes No
- (3) Income ineligibility determined at recertification Yes No
- (4) Cause (immediate or corrective action, depending on infraction) Yes No
- (5) If applicable, and there are no extenuating circumstances that would hinder the participant from moving to unsubsidized employment, refusal to accept a reasonable number of job offers or referrals to unsubsidized employment consistent with the IEP. Yes No

Please provide additional information if you checked No: _____

Over-Enrollment

- (1) You manage over-enrollment to minimize the impact on participants and avoid layoffs. Yes No

Please provide additional information if you checked No: _____

Maintenance of Effort

- (1) Participants do not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals not participating in the program. Yes No
- (2) Participants do not displace currently employed workers (including partial displacement, such as a reduction in hours on non-overtime work, wages, or employment benefits). Yes No
- (3) Participants do not impair existing contracts or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed. Yes No
- (4) You do not assign or continue to assign any participant to perform the same work or substantially the same work as that performed by any other individual who is on layoff. Yes No

Please provide additional information if you checked No: _____

Linkages & Coordination with Other Organizations and Programs

- (1) Does your agency have as up to date Memorandum of Understanding with the local Workforce Investment Board (WIB) ? Yes No
- (2) Is SCSEP represented on the Workforce Investment Board? Yes No

Please provide additional information if you checked No: _____

Procedures for Payroll and Payment of Workers' Compensation

- (1) Your agency makes all required payments for payroll and Workers' Compensation premiums on a timely basis. Yes No
- (2) You ensure that host agencies do not pay Workers' Compensation costs for participants. Yes No

Please provide additional information if you checked No: _____

Maintenance of Files and Privacy Information

- (1) Participant files are maintained for (3) three years after the program year in which all follow-up activity for a participant has been completed. Yes No
- (2) Participant records are securely stored and access is limited to appropriate staff to safeguard personal identifying information. Yes No
- (3) Safeguards to preclude tampering with electronic media are established (e.g., Personal Identification Numbers (PIN) for recordkeeping). Yes No
- (4) You comply with and ensure that authorized users comply with all SPARQ access and security rules. Yes No

Please provide additional information if you checked No: _____

Documentation

- (1) Documentation is maintained for waivers of physical examinations by participant. Yes No
- (2) Documentation is maintained for the provision of complaint procedures to participants. Yes No
- (3) Documentation is maintained for eligible determinations and re-determinations. Yes No
- (4) Documentation is maintained for terminations and the reasons for such terminations. Yes No

Please provide additional information if you checked No: _____

