



*DELAWARE HEALTH
AND SOCIAL SERVICES*

Division of Services for Aging and
Adults with Physical Disabilities

Policy Manual for Division Contracts SCSEP Program

Revision History

Revision Date	Sections Revised	Description
2/14/2020		Original

DELAWARE HEALTH & SOCIAL SERVICES

DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

CURRENT REVISION: July 2015

SUBJECT: Senior Community Service Employment Program Requirements (Page 1 of 2)

PURPOSE

To establish contractor requirements for the Senior Community Service Employment Program (SCSEP), Older Americans Act Title V.

POLICY

Senior Community Service Employment Program contractors shall comply with the Older Americans Act Title V requirements, Department of Labor regulations, training and employment guidance letters (TEGLs), SCSEP assurances and Division policies, procedures and contract requirements.

PROCEDURES

Contractors must expend at least 100% of the "Participant Wages and Fringe Benefits" portion of the contract within the contract year.

The Grantee will mandate the minimum total each contractor must meet in Participant Wages and Fringe Benefits. Amounts will be determined by multiplying the total Grantee EWFB X the contractor's equitable rate.

At least 15% of the contractor's modified authorization level shall be rotated within the contract year.

100% of the contractor's modified authorization level must participate in at least two (2) workshop during the contract year.

Authorized community service employment slots shall be equitably apportioned among areas within the State by taking into consideration each area's proportion of the total eligible population. The U.S. Department of Labor's Equitable Distribution Report will be the basis for apportioning slots.

It is the contractor's responsibility to distribute the authorized slots to participants residing throughout the project area (e.g. County). For New Castle County, the goal is to have 60% of authorized slots filled by City of Wilmington residents and 40% by participants residing outside the city. Current participants must not be adversely impacted by any redistribution.

Training assignments may not be concentrated at the contractor's organization.

Each contractor shall meet or exceed program service standards and performance measure requirements.

Each contractor shall comply with all federal and state program guidance and attend staff training events.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
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The contractor is legally obligated to enter all required participant data into SPARQ, the US Department of Labor Data Collection System.

The contractor is legally obligated to provide complete data files in the specified electronic format, as well as hard copy case files; to the Division at the time the contractor ceases to administer the SCSEP.

A new contractor is legally obligated to enter complete data related to any participant acquired upon becoming a SCSEP contractor.

Each contractor will assist the Division in training new contract organizations, new program director and/or staff in the technical aspects of the Data Collection System and SCSEP operations. The contractor shall work in conjunction with the Department of Labor regarding the Workforce Innovation Opportunity Act American Job Center system as specified in the Memorandum of Understanding among the Governor, the Workforce Investment Board and the Division.

Each contractor must contribute to the grant's annual match requirement. Actual amounts will be determined during contract negotiations. Each contractor's equitable rate will be multiplied by the full in-kind that the Grantee must match.

DELAWARE HEALTH & SOCIAL SERVICES**DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES****Senior Community Service Employment Program Listing of Statewide Policies & Forms**

SCSEP Statewide Policies and Forms Table of Contents		
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SCSEP 2	Host Agency Letter of Agreement	6/26/2014
SCSEP 3	Host Agency Annual Monitoring-Safety Report	3/3/2016
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SCSEP 5	Host Agency Non-Federal Match Form	6/26/2014
SCSEP 6	Host Agency 501c(3) verification website	6/26/2014
SCSEP 7	Approved Break	3/28/2017
SCSEP 8	Assessment Form IEP	6/17/2013
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SCSEP 21	Notice of Durational Limit Termination	1/9/2013
SCSEP 22	Severe Disability Template	5/26/2011
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SCSEP 26	Checklist for Orientation	2/16/2016
SCSEP 27	Policy Regarding Federal Holiday	1/23/2013
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SCSEP 29a	US DOL Termination Policy	10/5/2011
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SCSEP 55	On the Job Experience (OJE) Training Reimbursement	4/8/2016

LETTER OF AGREEMENT
Between the
SCSEP PROGRAM OFFICE (SUB-GRANTEE)
&

This is to Certify that _____ Agrees to
(Host Site Location)

Serve as a Host Agency (trainee work site) for the Title V, SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM during the period of July 01, _____ through June 30, _____.

THE HOST AGENCY UNDERSTANDS AND AGREES TO THE FOLLOWING:

1. This Agency agrees to comply with the MAINTENANCE OF EFFORT rules set forth in the Older Americans Act and supporting regulations. Compliance requires the following considerations as they relate to SCSEP training assignments:
 - Only be in addition to budgeted employment that would otherwise be funded by the grantee, sub-grantee and the host agencies without assistance under Title V.
 - Result in increases in employment opportunities in addition to those that would otherwise be available.
 - Not result in displacement of currently employed workers, including partial displacement such as reduction in hours of non-overtime work, wages or employment benefits.
 - Not impair existing contracts for service or result in the substitution of Federal funds or other funds in connection with work that would otherwise be performed.
 - Not substitute SCSEP-funded positions for existing federally assisted jobs.
 - Not employ or continue to employ any participant to perform work that is the same or substantially the same as that performed by any other person who is on layoff.
2. The purpose of this program is to provide its participants with work experience and training, which may lead to eventual unsubsidized employment. All participants in the Senior Community Service Employment Program are categorized as Trainees.
3. This Agency is a government or non-profit organization which contributes to the welfare of the community.

4. This Agency is in possession of a copy of the Title V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM POLICIES AND PROCEDURES MANUAL for PARTICIPANTS and SUPERVISORS; and, agrees to follow and abide by the policies and procedures set forth therein. Additionally, the Agency will not permit the Trainee to volunteer time as this activity is prohibited by the Fair Labor Standard Act.
5. This Agency does not discriminate on grounds of race, creed, color or national origin, or handicap.
6. This Agency will provide a supervised work experience which will help to teach and develop good work habits, responsibilities and skills; and, which will prepare the trainee for a future of gainful employment.
7. This Agency will permit the trainee to:
 - Attend training sessions sponsored by the SCSEP Program Office.
 - Pursue job leads provided by the SCSEP Program Office.
8. This Agency understands that PARTICIPATION is contingent upon the availability of SCSEP funds.
9. This Agency is required to provide proper health and safety standards for each trainee. The SCSEP Program Office will do an annual Safety Checklist to be completed at least once per year, and more often if warranted.
10. This Agency will submit evaluations at required intervals to assess trainee performance.
11. This Agency will notify the SCSEP Program Office before any personnel action is initiated towards a trainee.
12. Non-Profit Organizations: This Agency will employ the trainee if an opening occurs for which the trainee is qualified. This trainee will be hired at the prevailing wage rate.
13. State of Delaware: Host Agency commits to consider hiring participant if appropriate opening occurs in accordance with the State of Delaware's hiring practices and procedures.

14. This Agency will not treat the trainee in this program as an employee. The trainee will not perform all the tasks of a regular employee in the same position.

15. The Program reserves the right to transfer a trainee if it is determined that such a transfer will broaden the trainee's experience and skills.

16. When trainees are removed, the program office has no obligation to replace that trainee. However, efforts will be made to replenish a trainee position, with those host sites that show a propensity to hire participants when a position becomes available.

17. Open employment position information will be given to the SCSEP program manager so they are aware of activity at the Host Site and can maintain MOE.

Signed by: _____ Date: _____
(Authorized Agency Official)

Name: _____
(Please Type/Print) (Title)

Agency's Name: _____
(Please Type/Print Host Site Location and Agency name if different)

Address: _____

City: _____ State: DE Zip Code: _____

Phone #: (302) _____ Fax #: (302) _____

E-mail Address: _____

FEIN #: _____
(Federal Employer Identification Number)

Please list all available SCSEP training positions:

1. _____ 2. _____

3. _____ 4. _____



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM HOST AGENCY MONITORING FORM

HOST AGENCY NAME	SITE NAME <i>(If different from host agency)</i>
ASSIGNMENT ADDRESS <i>(No., Street, City, State, ZIP)</i>	
SUPERVISOR'S NAME	SUPERVISOR'S PHONE NO. <i>(Include area code)</i>
MWP MONITOR'S NAME	MONITORING DATE
<input type="checkbox"/> INTERIM MONITORING VISIT <input type="checkbox"/> ANNUAL MONITORING VISIT	# of Years as a Host Agency

1. The Host Training Agency (HTA) has submitted the following documentation:

- 501(c)(3) documentation or notice as a public agency
- FEIN
- Orientation documentation
- Information re: types of training opportunities
- A signed host agency agreement for the current program year
- Participant Performance Evaluations
- Approved Signatures for time Sheets

TRAINING

2. Please list each participant currently assigned to the host agency:

Participant(s) Name	Assignment Date

3. Does the participant(s) train during the hours agreed to in the CSA description?

Yes No

4. Does the agency recommend suitable training for unsubsidized placement of the participant(s)? Explain. Yes No

5. Does the assignment description include the assignment training goals appropriate for each participant and consistent with each participant's IEP? Explain. Yes No

6. Is training provided realistic and consistent with the CSA description and IEP, and make the most effective use of each participant's skills and talents? Explain. Yes No

7. Does the sub grantee provide effective orientation and training necessary to perform assigned duties in accordance with a written training description, and provide additional training as opportunities occur? Explain. Yes No

8. Does the participant attend appropriate agency staff meetings and in-service training opportunities? Yes No

PAYROLL, IN-KIND SUPERVISION

9. Does the host agency provide adequate orientation, instruction, and supervision? Yes No

10. How often do the host agency supervisor and participant interact? Explain.

11. Does the amount of supervision provided align with reported supervisory hours on the in-kind form? If not, explain. Yes No

12. Are in-kind forms submitted with each payroll period? Yes No

13. Does the sub grantee accurately document participant time sheets, including signatures in a timely manner? Yes No

ABILITY TO HIRE

14. Has the host agency provided unsubsidized employment for past MWP participants? Yes No

15. Does the sub grantee currently have the ability to hire participants? Explain Yes No

16. Have participants who have trained in the past with the host agency obtained unsubsidized employment as a result of CSA training? Yes No

17. Does the HTA agree to consider each participant for regular employment, either full-time or part-time, when vacancies occur or when new positions are created? Yes No

18. Does training prepare participants for unsubsidized employment opportunities in the region? Yes No

Regional Employment Opportunities	Related Training Assignment(s)

MAINTENANCE OF EFFORT

19. How many SCSEP participants are currently at the host agency? _____
20. How many participants has the host agency had since becoming a host agency? _____
21. Have all of the participants filled the same function at the host agency? If yes, explain how this is not maintenance of effort. Yes No
- _____
- _____
- _____
- _____
22. Please detail the # of participants in each department at the host agency.
- _____
- _____
- _____
- _____
23. If the participant was removed from the host agency, would the host agency have to hire another individual in order to maintain operations? Yes No
24. Does the participant appear to fill a position that would otherwise be available to individuals not participating in the program? Yes No
25. Has the SCSEP participant’s training resulted in a reduction in full-time staff, including a reduction in the hours of non-overtime work, wages, or employment benefits? Yes No
26. Has the SCSEP participant’s training resulted in the impairment of existing contracts or in the substitution of federal funds for other funds in connection with work that would otherwise be performed? Yes No
27. Does the SCSEP participant perform the same work or substantially the same work as that performed by anyone who has been laid off, including volunteers? Yes No

ADDITIONAL CONTRACTUAL REQUIREMENTS

28. Does the host agency treat each participant as a member of the agency staff? Yes No
29. Does the host agency provide training for other SCSEP Title V grantees? Yes No
30. If so, are the participants in a different department? Yes No

31. Does the host agency provide participants and affiliate with performance evaluations every 90 days? Yes No
32. Does the host agency supplement the participant's MWP wages, or require that he/she volunteer additional time on-site? Yes No
33. Does the host agency send a representative to a host agency supervisor's meeting? Yes No
34. Has the host agency participated in the DOL Customer Satisfaction Survey if solicited? Yes No

Additional Comments:

Supervisor Comments:

Print Monitor's Name

Signature

Date

CORRECTIVE ACTION CHECKLIST

Please use the following checklist, as needed, to document corrective actions and follow-up.

1. Date corrective action letter was sent: _____
2. Date on which Response was Received: _____
3. Timelines for corrective actions:

Finding	Corrective Action	Target Date	Completion Date	MWP Staff Initials

Print Monitor's Name

Signature

Date \

**Delaware
Senior Community Service Employment Program**

**ANNUAL SAFETY MONITORING
REPORT**

Host Agency: _____

Training Site: _____

Address: _____

As part of the on-going commitment to providing Participants with a safe working environment, initial and periodic safety monitoring of the training site and training area must be completed. As they are the leading cause of accidents, particular attention must be paid to slipping or tripping hazards. This form must be completed by the SCSEP Project Office.

Parking Area, Walkways, Steps, Entryways

		Condition	
o Space	Poor, Needs repair o	Satisfactory o	Good o
o Adequate lighting	Poor, Needs repair o	Satisfactory o	Good o
o Traffic conditions	Poor, Needs repair o	Satisfactory o	Good o
o Weather considerations	Poor, Needs repair o	Satisfactory o	Good o
o Entryway carpet/tile/flooring	Poor, Needs repair o	Satisfactory o	Good o
o Walkway into building	Poor, Needs repair o	Satisfactory o	Good o

Hallways and Common Area

o Lighting	Poor, Needs repair o	Satisfactory o	Good o
o Slip and trip hazards	Poor, Needs repair o	Satisfactory o	Good o

Primary Work Area of Enrollee

o Space	Poor, Needs repair o	Satisfactory o	Good o
o Lighting	Poor, Needs repair o	Satisfactory o	Good o
o Air Quality/Temperature	Poor, Needs repair o	Satisfactory o	Good o
o Noise level	Poor, Needs repair o	Satisfactory o	Good o
o Slip and trip hazards	Poor, Needs repair o	Satisfactory o	Good o
o General cleanliness and housekeeping	Poor, Needs repair o	Satisfactory o	Good o

Storerooms, Tool Rooms, Break Rooms, etc.

o Space	Poor, Needs repair o	Satisfactory o	Good o
o Lighting	Poor, Needs repair o	Satisfactory o	Good o
o Cleanliness	Poor, Needs repair o	Satisfactory o	Good o
o Slip and trip hazards	Poor, Needs repair o	Satisfactory o	Good o
o Accessibility to materials/supplies	Poor, Needs repair o	Satisfactory o	Good o
o Hazardous materials	Poor, Needs repair o	Satisfactory o	Good o

Additional Comments:

SCSEP Staff Signature

Date: _____

**DELAWARE
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

Host Agency Application

Delaware Senior Community Service Employment Program (SCSEP) partners with public and private host agencies to provide paid community service training for participants who meet the federally-established requirements of SCSEP. SCSEP participants help community service agencies fulfill their agency missions while these participants are being trained to increase their skills and employability. SCSEP services are offered to unemployed persons who are at least 55 years of age; selection priority is given to individuals 65 years of age and older, veterans and qualified spouses of veterans and eligible applicants with barriers to employment.

Name of Agency: _____

Address: _____

City _____ State _____ Zip _____ County _____

Phone # _____ Fax # _____ Email _____

Agency hours of operation _____

Agency Director's Name _____

Agency Contact Name (if different than above) _____

Type of Agency:

Federal Government Tribal Government State Government County or Municipal Government

Non-profit organization that is tax-exempt under §501c3 of the Internal Revenue Code of 1954 - **If your agency is a 501 c 3 federally tax-exempt organization, please attach a copy of your 501 c3 designation letter from the U.S. Department of the Treasury.**

Funding Sources: (Please check all that apply)

Federal funds: _____ State funds: _____ Local Funds: _____ Private funds: _____

Fiscal Year:

The agency's fiscal year is from: _____ to _____

Agency FEIN # _____

1. What services that are currently provided by the agency?

2. Are there services that you would like to expand or services/positions that could be helped with one or more trainee assistants?

3. What types of skills do you look for in your employees?

4. About how frequently do you have job position openings?

5. Type of training your agency can possibly provide (please check all that apply):

Office:

- Filing
- General Office
- Receptionist
- Microsoft Office
- Basic Data Entry
- 10 Key Computation
- Tele-Marketing
- Supervision/Management
- Accounts Payable/Receivable

Warehouse:

- Receiving
- Fork Lift
- Inventory
- Loading/Unloading
- Delivery/Transportation

Retail or Sales:

- Sales & Stocking
- Processing or Donations
- Cashiering
- Customer Service
- Hospitality

Food Service:

- Cook/Prep
- Dishwasher
- Buss Person
- Banquet/Setup & Clean up
- Servers

General Labor:

- Maintenance
- Janitorial
- Landscaping

Health Care:

- Medical Records/Filing/Insurance
- Nurse Aide
- Home Health Care
- Adult Day Care
- Health Education/Outreach

Community Service:

- Intake worker
- Info and Referral
- Substance Abuse
- Transportation
- Job Developer

Education:

- Tutor/teacher Assistant
- Head Start
- Library Assistant
- Child Day Care
- Fitness/Yoga

Other:

- _____
- _____
- _____
- _____

6. If you have more than one location from which you provide service or an address that is different from the address of your headquarters provided on the previous page, please provide the addresses of your office (s):

Street Address	City	State	Zip Code	Phone#

This form is for application purposes only and does not promise that a participant will be placed at your organization for training. Assignment of participants is solely based on the training needs of the individual participant. If accepted for participant placement, it is recognized that all individuals and agencies have the right to terminate their relationship with Delaware SCSEP for any reason and at any time given a 30 day notice; Delaware SCSEP reserves the same right. The Delaware SCSEP is funded through a grant from the US Department of Labor-Employment and Training Administration. Authorization for SCSEP is from the Older Americans Act Title V.

THANK YOU FOR YOUR INTEREST IN DELAWARE SCSEP!

Delaware Senior Community Service Employment Program

Supervisor's In-Kind Wage Funding Statement

Supervisory and cash in-kind match for SCSEP may only be counted from Non-Federal sources.

Organization: _____

Address: _____

Supervisor's Name: _____

Participant's Name: _____ Participant's Name: _____

Participant's Name: _____ Participant's Name: _____

Sub-Grantee Agency: _____ Grant Period: _____

I certify that my salary/wage is from the following source(s):

- () 100% Federal Funds _____ (source)
- () 100% State Funds _____ (source)
- () Combination of Federal and non-Federal
 - _____ % Federal _____ (source)
 - _____ % State _____ (source)
 - _____ % Other _____ (source)
 - _____ % Other _____ (source)

100%

Host Agency Non-Federal In-Kind/Cash Contributions:

Supervisor's Hourly Rate: \$ _____ (list only non-federal portion of salary)

Host Agency Cash donation per month: \$ _____ (list only non-federal cash amount)

Supplies: \$	Telephone: \$	Other: \$
Rent: \$	Other: \$	Other: \$

I further certify the Non-Federal funds that will be used as an in-kind match or cash contribution made for SCSEP are not used to match any other grant funds this organization receives.

Authorized Officials Signature

Date

Non-Federal Supervisory and Cash In-Kind Contribution Statement

This form is to acknowledge that the Policy on Host Agency Contributions has been explained to me as follows:

1. Supervisory and cash contributions must be reported accurately since the information is required by the Program's grant to comply with Federal regulations.
2. I understand that both cash and supervisory in-kind match are subject to State and Federal monitoring. I agree to make available documentation such as memos or case notes to support both types of match.
3. I understand that the attached form will be supplied at the beginning of each program year. When changes occur, such as a new supervisor or a change in wage rate is made, the Host Agency is responsible to inform the Sub-Grantee and a new In-kind wage funding statement must be completed.
4. I agree to complete, sign and return this form to the sub-recipient agency no later than July 10th of each program year.
5. I understand that each participant's timesheet will provide information certifying that the trainee performed his or her duties while under my supervision and will list the number of in-kind supervisory hours that I provided each working day.
6. I understand that in-kind supervisory hours are the number of hours each day that the supervisor provides one-on-one training to the trainee, such as but not limited to: teaching new tasks and procedures; providing guidance and direct oversight; and, preparing required program documents such as timesheets and performance reviews.

By signing below, I certify that I have been informed of and understand the In-Kind Supervisory Policy; and, I will keep a copy on file.

Supervisor's Signature

Date

Authorized Official's Signature

Date

SCSEP 6 – Host Agency 501c (3) verification website

501 c (3) certification thru <http://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check>

Sub-recipient for (Name of County): (Name of Sub-recipient Agency)

“APPROVED BREAK IN PARTICIPATION” POLICY

This is to acknowledge that the Approved Break in Participation policy for SCSEP has been explained to me by (Name of Sub-recipient Agency) and I understand the policy to be as follows:

Due to Health Reasons (individual or family); and, other personal reasons:

1. I understand that I will notify the SCSEP Program Office if I am going to be absent for family/health reasons or other personal reasons.
2. I will provide updates to help the Program Office monitor approved breaks
3. I will provide a doctor’s excuse/medical release to the Program Office for health-related breaks in participation. Extended sick days (10 days or more) will require that the participant be placed on Approved Break
4. It will determine the length of the approved break (30 days).
5. I understand I CANNOT begin SCSEP training again until informed of the start date by the SCSEP Program Office.
6. If I cannot return by the 30th day, I will be exited from SCSEP (a written 30 day notice of termination will be provided to the participant on the 30th day.
7. Delaware Division of Services for Aging and Adult with Physical Disabilities will consider an extension of an approved break past 30 days with a maximum of 60 days. To request an extension the SCSEP sub-grantee must submit a request for extension letter to the SCSEP State Grantee. The letter request must include the following elements
 - Participant Name and Identification number
 - Original Break Start and End Date
 - Extension Request Start and End Date
 - Reason for Extension
 - Signature of Participant
 - Signature of Host Agency Supervisor
 - Signature of SCSEP sub-grantee coordinator

Other:

1. Should I enter unsubsidized employment and then determine within 30 calendar days of exit that I cannot perform the job for valid reasons, I may request approval from the Program Office to return to SCSEP.
2. If it determines that more training is appropriate, I may need to be placed on approved break until a training site becomes available. I will receive priority in choice of training sites as they become available.

UPON RETURNING:

I UNDERSTAND THAT RETURNING TO THE PROGRAM AFTER ANY BREAK IS DEPENDENT ON THE AVAILABILITY OF TRAINING SITES AND FUNDING.

Participant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

SCSEP Participant Assessment Form

Part One

Page 1 of 2

Participant's Name

Date Assessment Completed

Interviewer/Evaluator

Date of Previous Assessment (if any)

I. Goal(s): ___ Employment, ___ Job Skills Training, ___ Community Service, ___ Other

Specific Goal: _____

II. Availability and Preferences: ___ Full Time, ___ Part Time,
___ Days, ___ Evenings, ___ Weekends

Acceptable wage for unsubsidized job: _____

Income Limit? _____

Desired location for unsubsidized job: _____

Transportation: ___ own car, ___ other's car, ___ bus, ___ other: _____

Medical restrictions? _____

Functional limitations? _____

Other limiting factors (e.g., family obligations)? _____

III. Educational Background/Aptitudes: Highest grade completed: _____

Above average/average aptitudes: _____

Areas of special interest/abilities: _____

SCSEP Participant Assessment Form

Part One

Page 2 of 2

IV. Employment History: Most recent job held: _____

How long? _____

Skills needed in most recent job: _____

Other jobs held	How long?	Skills needed?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other pertinent information (vocational training, volunteer experience, etc.)

Participant's Signature

Date

Interviewer's Signature

Date

SCSEP Interviewer's Assessment Summary

Part Two

Page 1 of 2

Participant's Name

Date Assessment Completed

Interviewer's Name

Date

I. Perceptions of Participant's Job Readiness (If not sure, leave blank.)

	Excellent/ Good	Fair	Needs Improvement
Marketable Skills for Desired Job(s)	_____	_____	_____
Work Experience Needed for Desired Job(s)	_____	_____	_____
Job Seeking/Job Keeping Skills	_____	_____	_____
Motivation for Finding Unsubsidized Job	_____	_____	_____
Self Confidence/Assertiveness	_____	_____	_____
Aptitudes for Desired Job(s)	_____	_____	_____
Communication Skills: Verbal	_____	_____	_____
Written	_____	_____	_____
Access to Transportation to Desired Job	_____	_____	_____
Appearance for Desired Job	_____	_____	_____
Health for Desired Job	_____	_____	_____

Use Section II to elaborate on ratings as necessary.

Senior Community Service Employment Program

Individual Employment Plan

Identification of Needs

_____ *Participant's Name*

_____ *Date Plan Developed*

_____ *Interviewer*

_____ *Date of Previous Plan (if any)*

- Participant's general goal with program: _____
- The participant does not yet know his/her general goal with the program. It will be determined by: _____

_____ *Date*

Program Activities and Services	What specifically is needed for this person?	What resources or assistance can meet this need?	When can this be done?	Priority (1 st , 2 nd , 3 rd , etc.)
Pre-Placement Training				
Supportive Services (Housing, Transportation, Counseling, etc.)				
Occupational Assessment (What type of job does the participant want?)				
On-the-job Training (Training Site Assignment)				
In-service Training/Education (provided by training site)				
Adult Basic Education (GED, math, literacy, etc.)				
Job Skills Training (Computer, Health Aid, etc.)				
Job Search Training (Job Search, Job Club, etc.)				
Job Search Activities (Who will do what?)				
Reassignment to new Training Site				

**SCSEP INDIVIDUAL EMPLOYMENT PLAN
SPECIFIC ACTION PLAN**

Participant's Name _____

Date Plan Prepared _____

Participant's Specific goal with SCSEP is: _____

To reach this goal, the participant will complete the following actions:

1. _____

This action will be completed by the following date: _____

Will participant need assistance from SCSEP to achieve this action? Yes ___ No ___

If yes, what assistance? _____

2. _____

This action will be completed by the following date: _____

Will participant need assistance from SCSEP to achieve this action? Yes ___ No ___

If yes, what assistance? _____

3. _____

This action will be completed by the following date: _____

Will participant need assistance from SCSEP to achieve this action? Yes ___ No ___

If yes, what assistance? _____

(If more actions are needed attach additional sheet)

The Participant and SCSEP staff will review progress made on this plan by (date) _____
I have assisted in completing this Individual Employment Plan, and I agree with the listed actions to be completed. I understand that failure to follow through on this plan may result in my termination from the program.

Participant's Name _____ Date: _____

I certify that this Individual Employment Plan was completed with the participation of the Participant:

SCSEP Staff _____ Date: _____

Senior Community Service Employment Program
IEP PROGRESS REVIEW

Participant's Name

Date

Complete Section A,B or C as appropriate/

- A. ____ The participant has successfully completed the goals and action steps of their Specific Action Plan. (A new Specific Action Plan should be completed)
B. ____ The participant's goals have changed. (A new Specific Action Plan should be completed)
C. ____ The participant still needs to complete the goals and action steps of the Specific Action Plan as noted.

Participant's specific goal was:

The Participant was to take the following steps to reach this goal:

1. _____

____ This step has been completed ____ This step needs the following action:

by _____(Date)

2. _____

____ This step has been completed ____ This step needs the following action:

by _____(Date)

3. _____

____ This step has been completed ____ This step needs the following action:

by _____(Date)

(If necessary, attach additional sheet)

Participant and SCSEP staff will review progress made on this plan by _____ (Date)

I have assisted in completing the IEP Progress Review, and I agree with any steps listed to be completed in part C. **I understand that failure to follow through on this plan may result in my termination from the program.**

Participant's Signature _____ Date _____

I certify that the IEP Progress Review was completed with the participation of the Participant.

SCSEP Staff Signature _____ Date _____

INDIVIDUAL EMPLOYMENT PLAN /RELATED TERMINATIONS

The Senior Community Service Employment Program (SCSEP) is a training-to-work program designed to assist participants in finding unsubsidized employment. I understand my commitment is to:

1. seek and secure unsubsidized employment during my enrollment
2. register with the Department of Labor within 30 days of enrollment.
3. attend/participate in project-sponsored job search workshops, seminars, job fairs and employment network support activities, as available.
4. explore, identify and enroll in appropriate job skills training compatible with my needs, capabilities and employment goals within ninety days, if available to me.

Specific reasons for individual employment plan (IEP) – related terminations:

1. Refusal of _____ job offers or job referrals without special circumstances.
2. Other IEP-related reasons as specified in the Involuntary Termination Policy.

Procedure:

1. There will be an oral discussion and written documentation regarding any areas that need improvement and specific steps given for corrective action within a set timeframe.
2. If there is no improvement by the specified date, a warning letter will be mailed to the Participant's home address giving them a second specific date in which to correct the situation.
3. At the end of that time - if the situation still exists – the Participant will receive a 30-day termination notice; be referred to the One Stop Career Center at the Department of Labor; and, be given a copy of the Grievance Procedures.

By signing below, I acknowledge that I have read and understand this document and have received a copy.

Participant

Date

WRITTEN DOCUMENTATION OF CORRECTIVE ACTION

Date_____

Name of Participant_____

Area(s) that need improvement:

Corrective Action Needed

Action to be completed by (date)_____

Participant Signature_____

SCSEP Signature _____

WARNING LETTER

Date _____

Name of Participant

Address

Address

Dear Participant Name:

We have reviewed the progress you have made in following through on the Corrective Action Plan dated

_____, and are concerned about the lack of improvement. Specifically:

Please remember that if you do not complete the actions to correct this (these) areas by _____ you will be terminated from the Senior Community Service Employment Program. We do not want this to happen. We want you to be successful, and completing your Corrective Action Plan is the key to that success.

Please call us at _____ if you have any questions.

Sincerely,

SCSEP Director

FINAL TERMINATION LETTER

Date _____

Name of Participant

Address

Address

Dear Participant

We have reviewed the progress you have made on your Corrective Action plan dated _____ and are very sorry that you have not made the commitment to successfully complete the actions required by _____ to remain in the Senior Community Service Employment Program.

Effective _____ you are terminated as a Participant.

The One Stop Career Center located at the Department of Labor

can provide you with job search and other employment assistance.

We are also including a copy of our Grievance Procedure.

Sincerely,

Director

OJE Training Reimbursement Contract

This is an *OJE Training Reimbursement Contract* between _____, hereinafter referred to as SCSEP, and

Employer Name: _____

Address: _____

Contact Person: _____ **Phone #:** _____ **Email:** _____

to provide **On-the Job Experience** to: _____, in the position of _____ for the period from _____ to _____.

Employer agrees to:

1. Pay the person in On-the-Job Experience (OJE) \$_____ per hour for _____ hours per week for _____ weeks, and pay FICA (Social Security) and worker’s compensation for this person.
2. Retain the person in OJE as a permanent employee upon successful completion of OJE period.
3. Provide adequate supervision and training as outlined in the Training Plan.
4. Provide a safe, sanitary, drug free work environment, and necessary liability coverage, and to the extent feasible, comply with Section 504 of the Rehabilitation Act of 1973.
5. Provide a copy of the Training Plan to the person in OJE and their immediate supervisor; and, attach a copy to this agreement.
6. Assist with the monitoring and evaluation process by conferring with the project monitor.
7. Report to SCSEP any difficulties that cannot be satisfactorily resolved or which could hinder the successful completion of this OJE.
8. Verify that this activity will not displace any other paid employee or volunteer nor discriminate with regard to race, color or creed.

SCSEP agrees to:

1. Reimburse the Employer for _____% of the wages paid to the employee during the training period stated above. (The reimbursement rate may not exceed 100% for training periods up to four weeks, or 50% for training periods longer than four weeks.)
2. Provide the Employer with appropriate forms and a schedule for obtaining said reimbursements.
3. Monitor and evaluate the person in OJE on a regular basis to resolve any difficulties and assure successful completion of the OJE period; and, to provide counseling and supportive services, as needed.
4. Follow up the progress of the person in OJE after completion of the OJE period; and, continue to provide counseling and supportive services, as needed.
5. Prepare all necessary documents for the successful completion of the project.

Any other provisions that have been negotiated are:

Signature of Employer

Signature of SCSEP Official

Name/Title

Name/Title

Date

Date

On-the-Job Experience Letter of Agreement

This is a *Letter of Agreement* between _____, hereinafter referred to as SCSEP, and

Employer Name: _____

Address: _____

Contact Person: _____ **Phone #:** _____ **Email:** _____

to provide **On-the Job Experience** to: _____, in the position of _____ for the period from _____ to _____.

SCSEP agrees to:

1. Pay the person in On-the-Job Experience (OJE) \$_____ per hour for _____ hours per week for _____ weeks, and pay FICA (Social Security) and worker’s compensation for this person.
2. Provide the person in OJE with timesheets and other appropriate written information.
3. Monitor and evaluate the person in OJE on a regular basis to resolve any difficulties and assure successful completion of the OJE period; and, to provide counseling and supportive services, as needed.
4. Follow up the progress of the person in OJE after completion of the OJE period; and, continue to provide counseling and supportive services, as needed.
5. Prepare all necessary documents for the successful completion of the project.

Employer agrees to:

1. Retain person in OJE as a permanent employee upon successful completion of the OJE period.
2. Provide adequate supervision and training as outlined in the Training Plan.
3. Provide a safe, sanitary, drug free work environment, and necessary liability coverage, and to the extent feasible, comply with Section 504 of the Rehabilitation Act of 1973.
4. Provide a copy of the Training Plan to the person in OJE and his or her immediate supervisor; and, attach a copy to this agreement.
5. Sign timesheets to verify hours worked and submit them to SCSEP by the required deadline.
6. Assist with the monitoring and evaluation process by conferring with the project monitor.
7. Report to SCSEP any difficulties that cannot be satisfactorily resolved or which could hinder the successful completion of this OJE assignment.
8. Verify that this activity will not displace any other paid employee or volunteer nor discriminate with regard to race, color or creed.

Any other provisions that have been negotiated are:

Signature of Employer

Name/Title

Date

Signature of SCSEP Official

Name/Title

Date

“Add Agency Name and Address Here”

Participant Acknowledgement of the Terms of My Assignment

This is to acknowledge that the terms of my assignment with the (Enter Agency Name Here) , Senior Community Service Employment Program have been explained to me and I understand the terms to be as follows:

1. (Enter Agency Name Here) , SCSEP program **is not permanent employment but rather a work experience and training program**; I understand that I am prohibited by law from performing any volunteer work at my assigned Host Agency.
 2. I agree to **accept work experience assignments** and any other relevant training and assistance sponsored by SCSEP; and, **will be proactive in seeking permanent unsubsidized employment** in accordance with my Individual Employment Plan.
 3. I understand that I am required to seek assistance from the Department of Labor. **I also understand that I am not eligible to collect Unemployment Benefits upon my termination/resignation.**
 4. I understand that my assignment is available provided that:
 - a. Continuous funds are available.
 - b. I have not been terminated for cause; or, suitable unsubsidized employment has not been obtained during the period.
- Note: participation in SCSEP has an expected average duration of 27 months (e.g. the average duration of all enrollees combined); and, the maximum enrollment time per individual is 48 months.
5. I understand that if - for any reason - my work assignment should end, I am expected to report immediately to the (Enter Agency Name Here) to help decide on future program actions.
 6. I agree to report my enrollment in SCSEP to the **Social Security Administration** if I am receiving **Social Security, SSI or SSDI**; to the **Division of Social Services** if I am receiving any form of **Public Assistance**; or, to the **Department of Labor** if I am receiving **unemployment benefits**.
 7. I have received a copy of the SCSEP Handbook and understand the personnel policies of the Senior Community Service Employment Program.

Trainee Signature: _____

Date: ____/____/____

Staff Signature: _____

Date: ____/____/____

Annual and Semi-Annual Assessment Checklist

Attach a continuation sheet, if needed

Participant: Print Name & Sign: _____

SCSEP Interviewer: Print Name & Sign: _____

Date of Assessment: _____

Assessment Topics: Assessment Topics are listed in 20 CFR 641.535(a)(2)	Updates or indicate that topic was discussed:
Home Address and Phone Number	
Work History	
Skills and interests	
Talents	
Physical capabilities	
Aptitudes	
Needs for supportive services	
Occupational preferences	
Training needs	
Potential for performing community service assignments	
Potential for transition to unsubsidized employment	

Other Comments:

SCSEP AND VETERANS' PRIORITY OF SERVICE

In 2002, the Jobs for Veterans Act (JVA) was signed into law. One provision of the JVA establishes a priority of service requirement for covered persons – veterans, eligible spouses, widows, and widowers – in certain employment and training programs. The final rule implementing priority of service in response to the statutory requirement went into effect January 19, 2009. Department of Labor-funded qualified job training programs, including SCSEP, are required by law to provide priority of service to covered persons.

This guidance will assist SCSEP grantees to implement the provisions of the Veteran's Priority of Service final rule. For further reference, please see:

- Training and Employment Guidance Letter (TEGL) 10-09 *Implementing Priority of Service*
- Priority of Service for Covered Persons Final Rule, 20 CFR Part 1010, Part VIII, Published in the Federal Register (73 FR 78132) on December 19, 2008
- The Jobs for Veterans Act (JVA), Public Law (P.L.) 107-288

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 identify eligible individuals? SCSEP grantees must identify covered persons at the point of entry to the program, which means the point at which a covered person expresses interest in receiving services; and covered persons must be given the opportunity to take full advantage of the priority.

When identifying covered persons, SCSEP grantees and sub-grantees must ensure that covered persons are made aware of:

- The eligibility requirements for SCSEP
- Their entitlement to priority of service if they are eligible for SCSEP
- The full array of employment services provided by SCSEP

SCSEP grantees must develop and implement processes to determine if a person who inquires about SCSEP is a covered person in order to provide the person with timely, useful information on priority of service at entry. It is not necessary to take an application from a covered person who merely inquires about SCSEP, but you must know whether the person you are talking to is a covered person. When a covered person indicates a desire to pursue enrollment in SCSEP, you must take an application in accordance with SCSEP requirements. See Topic 3 of the Participant Form Guide in the SCSEP Data Collection Handbook.

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.

Grantees can also establish other means for verifying status, such as electronic communication with official databases such as those maintained by state veterans' service agencies, or property tax exemption databases in states that grant exemptions to certain types of veterans or other covered persons, provided that the organizations responsible for those sources can certify the accuracy of their records and have effective procedures for matching their records with the covered persons seeking services.

How is priority of service applied in SCSEP? To obtain priority, a covered person must first meet the statutory eligibility requirements for SCSEP. Grantees must determine each individual's covered person status and apply priority of service as described below:

- Covered persons who meet at least one other statutory SCSEP priority must receive the highest priority for SCSEP services.
- Covered persons who do not meet other statutory SCSEP priorities must receive priority for services before all non-covered persons.
- Non-covered persons who meet other statutory SCSEP priorities must receive services over those non-covered persons who do not meet any statutory priority criteria.

What are the reporting requirements? The Office of Management and Budget has approved the information collection request for the priority of service regulations. These require all qualified job training programs serving over 1,000 veterans and eligible spouses per year to report on covered and non-covered persons who employment and training services. Because all of the relevant data elements are already captured in SPARQ, this reporting requirement will not impose any additional burden on grantees. However, one additional layer to the Priority of Service reporting is that SCSEP will be required to report on all eligible covered persons, *regardless of whether they receive services*. Therefore, an underlying goal will be for grantees to ensure that those covered persons who are determined eligible receive services to the extent resources permit.

Title V, Senior Community Service Employment Program (SCSEP)

Monthly Progress Report

TO: DHSS/DSAAPD
Main Building Annex, Room 109
1901 N. DuPont Highway
New Castle, Delaware 19720

FROM: Sub-grantee Agency and SCSEP Project Manager

SUBJECT: SCSEP Monthly Progress Report for (Month, Year)

DATE: Month, Day, and Year

1. New Updates since last report on Special Interest Items:

- Participant Recruitment and Relations:
- Host Site Recruitment and Relations:
- Spending, current hours offered and service level adjustments:

2. State Plan Activities (reference Sections in SCSEP State Plan:):

Section 5: Actions to coordinate SCSEP with other programs:

Section 6: Strategies for engaging employers to increase job placements:

Sections 7, 8 & 9: Strategies for achieving Equitable Distribution:

Section 10: Strategies for avoiding disruptions when positions are redistributed:

Section 11: Strategies for serving minority older individuals:

Section 12: Community services supported by SCSEP and required by Participants:

Section 13: Program strategies to improve Staff Training:

Section 14: Strategies to improve job placements and performance measures:

Excludable Income: Do not include any income from the following sources:

SCSEP Wages	Disability Benefits
Unemployment Compensation	Supplemental Security Income (SSI)
General Assistance	Workers Compensation
TANF, Child Support, Foster Care	Training Grants, Stipends (e.g. WIA)
Social Security Disability Insurance	Capital Gains from sale of property, including stocks, bonds, a house, or a car
In-kind support from others (e.g. room and board), gifts	
First \$2,000 of certain per capita fund distribution to Indians pursuant to the Indian Claims Act	Lump sum inheritances, insurance payments, gambling, lottery winnings, tax refunds, money borrowed, and withdrawals of bank deposits
25% of Social Security Retirement Payments (for table above enter 100% of SS Retirement Payments, an embedded calculation will automatically deduct the 25%)	
	Payments made to or on behalf of veterans from the Secretary of Veteran Affairs

2014 Income Eligibility Figures

Family Size	100%	125%
1	\$11,670	\$14,588
2	\$15,730	\$19,663
3	\$19,790	\$24,738
4	\$23,850	\$29,813
5	\$27,910	\$34,888
6	\$31,970	\$39,963
7	\$36,030	\$45,038
8	\$40,090	\$50,113
Additional:	\$4,060	\$5,075

3. SCSEP Participant Information:

A. New Participants:

Name	Date Enrolled	Age	Poverty Level (PL) or 125% (PL+)	Training job title and host site	Rate

*B. Unsubsidized Placements (when placed in a job – not entered employment measure):
Continue to report placement until Employer Survey is received by Charter Oak:*

Date	Name	Job Title and Employer	Employer Survey Number (or N/A); and, Date Delivered	Date Survey received by Charter Oak

C. Current and projected Durational Limit terminations:

Info for current month (e.g. January Report) plus projections for next two months:

Participant	PID	Durational Limit Date	D.L. Transition Plan is Being Followed (Y/N)
B. Hired	101010101		Y
J. Seeker	111100000		N: no 30- day notice
I. M. Preparing	22200022		Y

D. Other Terminations:

Name	Date terminated	Training job title and host site	Reason

E. Rotations:

Name	Date of rotation	From: Training job title and host site	To: Training job title and host site

F. Re-certifications:

DATE	NAME	CURRENT POSITION and SITE	CURRENT RATE

G. Employment Workshops:

Total Workshops This Month & Types of Workshops (e.g. Job Club, Guest Speaker...)	
Total Workshops Year-To-Date (YTD)	
Total Clients Attending This Month	
Total Clients Attending YTD	
Total No. of Different Clients Attending YTD	

H. Statistics

	PY Annual Goal	Actual	Comments
Unduplicated Served YTD	175% / XX	XXX% / XX	
Current Enrollment at EOM	N/A	XX	
PY12 Waiting List	N/A	XX	
YTD Rotations (10% annually)	10% / XX	XX% / XX	
YTD jobs (20% annually)	20% //XX	XX% / XX	

Name of Authorized Official:

Signature:

Title:

This report is due at the office of the Division of Services for Aging and Adults with Physical Disabilities no later than fifteen (15) calendar days after the end of each month.

Date:

Name:

Age:

*Number of People in Family:

*An applicant with a documented disability is considered a family of one, and does not need to enter family income in the calculator.

Includable Income (Review the Excludable Income Table on Page 2 before beginning)

Income Sources	Monthly Gross Income: SELF		Monthly Gross Income: OTHER		Annualized Gross Income
		Number of months		Number of months	
Social Security					\$0.00
Job Earnings					\$0.00
Self-Employment (Net)					\$0.00
Survivor Benefits					\$0.00
Net Rental Income					\$0.00
Monthly Annuity					\$0.00
Interest & Dividends					\$0.00
Alimony					\$0.00

Retirement Pensions

Military					\$0.00
Private Employer					\$0.00
Railroad Retirement					\$0.00
Government (Federal/State/Local)					\$0.00

Other (Please list below)

1)					\$0.00
2)					\$0.00
3)					\$0.00
4)					\$0.00

Total Gross Annual Income:					\$0.00
Does the above calculation need to be annualized? (If no, use the amount list above to determine eligibility. If yes, type in the Total Gross Annual Income amount here and use the calculated amount below to determine eligibility)					
Total Gross Annualized Income:					\$0.00

Based upon the calculated "Total Gross Annual or Annualized Income", does this person meet the 2014 Income Eligibility Criteria defined on Page 2? Yes No

Date:

To: All Delaware SCSEP Participants and Host Agencies

From: (Sub-grantee Program Manager: name and organization)

Subject: SCSEP Durational Limit Policy

The Senior Community Service Employment Program (SCSEP) is a training-to-work program that allows each participant to be enrolled during his or her lifetime for up to 48 months (excluding approved breaks), with countable time starting July 1, 20XX. Average enrollment periods before employment are expected to be less than 27 months. If/when individuals have accumulated the maximum 48 months of enrollment - those participants will terminate from SCSEP. In addition, participants will be rotated from host sites as often as necessary to increase skills towards unsubsidized employment.

Participants who are approaching their SCSEP durational limit within a year will receive extra counseling and job search support that will allow for a smooth transition from the SCSEP program. Also, a notice of termination will be sent to the participant (with a copy to the host agency) at least 30 days prior to the date that the durational limit will be reached.

For host training sites that are impacted, we will do our best to find another participant who can benefit from the training experiences available at your community service organization. As always, we would greatly appreciate your consideration in hiring SCSEP participants. SCSEP program managers will look to continue providing trainees to those sites who show willingness to hiring our participants.

(Print) Participant name or Host Agency name: _____

Participant or Host Signatory initial and date: _____

cc to: Signatory and Program Office files

30-DAY NOTICE OF DURATIONAL LIMIT TERMINATION

Date:

Name

Address

City, State Zip

Dear:

On (Date), you initialed and dated the Individual SCSEP Durational Limit: 12-month Notice, recognizing that your estimated 48-month point in lifetime SCSEP enrollment would soon be reached.

This is your required 30-day official notice that on (Date), you will no longer be eligible for SCSEP enrollment (unless you have an official break in service between now and that date). A copy of this SCSEP termination notice is also being sent to your host training site supervisor.

For your host site that may be impacted by your exit, we will do our best to assign another participant who can benefit from the training experiences available at the organization. As always, we highly encourage your host site to consider hiring you; and, especially now that you are approaching your SCSEP durational limit.

Attached is a copy of grievance procedures that you may elect to use.

Please do not hesitate to contact the (_____ County) SCSEP Program Office for assistance or additional information during this 30-day period.

Sincerely,

Name

Director

_____ County SCSEP

Phone:

Fax:

Copy to: Host Training Site Supervisor

Attachment: Grievance Procedures

Date:

To: Participant who will reach his or her Durational Limit in 12 months

From: (Sub-grantee Program Manager's name and organization)

Subject: Individual SCSEP Durational Limit: 12-month Notice

The Senior Community Service Employment Program (SCSEP) is a training-to-work program that allows each participant to be enrolled during his or her lifetime for up to 48 months (excluding any approved breaks), with countable time starting _____.

Our records indicate that you will reach your 48-month durational limit on _____; and, you must exit SCSEP by that date (unless the date is extended by an approved break).

The Program Office will be working closely with you during the next several months to provide the necessary counseling and job search support to help ensure a smooth transition from SCSEP. In addition, you can expect a written notice of termination from the Program Office (with a copy to your host training site supervisor) at least 30 days prior to your exit date.

For your host site that may be impacted by your exit or rotation, we will do our best to assign another participant who can benefit from the training experiences available at the community service organization. As always, we highly encourage your host site to consider hiring you; and, especially now that you are approaching your SCSEP durational limit.

Participant initials and date: _____

Initialed copies to Participant, Host Site Supervisor and Participant Folder:
Program Manager (or designee) initials and date: _____

30-DAY NOTICE OF DURATIONAL LIMIT TERMINATION

Date:

Name/Address of Participant:

Dear

On Month/Day/Year, you initialed and dated the Individual SCSEP Durational Limit: 12-month Notice, recognizing that your estimated 48-month point in lifetime SCSEP enrollment would soon be reached.

This is your required 30-day official notice that on Month/Day/Year, you will no longer be eligible for SCSEP enrollment (unless you have an official break in service between now and that date). A copy of this SCSEP termination notice is also being sent to your host training site supervisor.

For your host site that may be impacted by your exit, we will do our best to assign another participant who can benefit from the training experiences available at the organization. As always, we highly encourage your host site to consider hiring you; and, especially now that you are approaching your SCSEP durational limit.

Attached is a copy of grievance procedures that you may elect to use.

Please do not hesitate to contact the _____ County SCSEP Program Office for assistance or additional information during this 30-day period.

Sincerely,

Program Manager
_____ County SCSEP
Phone: (302) XXX-XXXX
Fax: (302) XXX-XXXX

Copy to: Host Training Site Supervisor

Attachment: Grievance Procedures

**SCSEP DURATIONAL LIMIT
WAIVER FACTOR: SEVERE
DISABILITY**

SENIOR COMMUNITY SERVICE
EMPLOYMENT PROGRAM

(SCSEP)

Eligible individuals may participate in SCSEP for a period not to exceed a cumulative lifetime total of 48 months. However, an SCSEP participant may be eligible for a 12 month extension for various reasons, including severe disability.

Severe disability definition - Severe disability means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: is likely to continue indefinitely; and, results in substantial functional limitation in **3 or more** of the following areas of major life activity. The following information pertains to:

SCSEP Participant: _____

<u>Major life activities</u>	Not Used.
<p>Mark an "X" in the applicable boxes regarding the SCSEP Participant listed above.</p> <p><input type="checkbox"/> self-care</p> <p><input type="checkbox"/> receptive and expressive language</p> <p><input type="checkbox"/> learning</p> <p><input type="checkbox"/> mobility</p> <p><input type="checkbox"/> self-direction</p> <p><input type="checkbox"/> capacity for independent living</p> <p><input type="checkbox"/> economic self-sufficiency</p>	<p>This signed document indicates that the below medical professional made a determination of severe disability as based on the above definition and on the 3 or more marked areas of major life activity.</p>

Print Name of Physician

Name and Phone # of Medical Office

Signature

Date

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM PRIVACY ACT STATEMENT

This statement applies to forms used by the Department of Labor for the Senior Community Service Employment Program (SCSEP) that contain confidential data collected citizenship, from SCSEP applicants and participants. It also describes the collection of this information and how the information will be used.

The Privacy Act of 1974, as amended, requires all Federal agencies, including the Employment and Training Administration (ETA) and its agents, to give the following Facts to each person from whom it requests information:

The statutory authority for the request Why the Information is needed

Whether it is voluntary or mandatory to provide the Information

The effects of not providing information

The uses which may be made of the information

Whether disclosure of the Social Security Number (SSN) is mandatory or voluntary, by what statute or other authority the number is solicited, and what uses will be made of it

These items are more fully explained in the following sections. If you have any questions about your rights and responsibilities under the Privacy Act, you should ask for assistance from [name of SCSEP provider].

I. The Department of Labor's Authorization to Collect Information

The Employment and Training Administration is an agency of the U.S. Department of Labor. The Department's authority to collect information from SCSEP applicants and participants is found in the Older Americans Act Amendments of 2000 (OAA Amendments), Pub. L. 106-501, sections 503(f)(3)-(4); 42 USC 3056a(f)(3)-(4). Data collection documents are approved under OMB clearance number 1205-0040, expiring 06/30/07.

II. Why the information is needed

The SCSEP needs information about age,

health, employability, behavior, family income, environment, and other matters related to your eligibility, assignment, and progress in the SCSEP. The information may be used to:

Determine whether your training and employment needs can best be met through SCSEP or another program in your home community

Determine whether you meet all eligibility requirements for the SCSEP

Provide a basis for determining your progress in the SCSEP

Maintain a record of wages and other benefits received

III. Obligatory and Voluntary Information and Possible Consequences of Withholding Information or Providing False Information

While there are no penalties under the law for refusing to supply information, the SCSEP requires the collection and maintenance of a wide range of personal information about you, including your Social Security Number, to satisfy enrollment requirements. Not supplying the requested information could delay or prevent you from enrolling and participating in the SCSEP.

The provision of false information by you could lead to expulsion from the program or prosecution under the U.S. Criminal Code when such information is used to support a fraudulent claim to benefits.

IV. How the Information is Used

Your SSN will not be used as your SCSEP participant identification number. Rather, a separate number will be used on all SCSEP forms which require a unique identifier.

In carrying out its responsibility under the OAA to administer the SCSEP program, the Department of Labor must sometimes disclose data from its records about you to another agency or individual without your specific written consent. Such disclosures may be made for the following reasons:

To provide personnel, procurement, or benefit-Related information to contractors and agencies to enable them to provide administrative functions for the program, including the maintenance of participant pay records

Disclose to researchers and public interest groups those records that are relevant and necessary to evaluate the effectiveness of the overall program and its various training components in serving different subgroups of the eligible population.

To disclose information to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities

To provide statistical information to the news media or members of the general public for the purpose of promoting the merits of the SCSEP

To provide information to placement and welfare agencies, prospective employers, school, or training institutions to assist in participant employment

To provide information to Federal, state, and local agencies and community-based organizations to facilitate statistical research, audit, and evaluation activities necessary to insure the success, integrity, and improvement of the SCSEP and other employment and training programs

In addition, if a person about whom records are maintained submits a written request to a Member of Congress or his or her staff, and that request is forwarded to the U.S. Department of Labor, we may release the information to the Member of Congress or Congressional staff in response to the inquiry made on behalf of the subject of the record.

V. Participant Signature

Modern Maturity Center, Inc. has given you a copy of this statement, in accordance with the Privacy Act of 1974, as amended, which explains the uses that will be made of information that you or others might supply Modern Maturity Center, Inc. about yourself.

A single copy of this form must be given to each participant for personal reference upon enrollment. Please acknowledge receipt below:

Signature _____

Date _____

Printed Name _____

POLITICAL ACTIVITY STATEMENT

Title V of the Older Americans Act authorizes the Senior Community Service Employment Program (SCSEP). It was enacted to provide community service employment opportunities for economically disadvantaged persons age 55 or over.

The following information is provided for the guidance of staff and participants of the SCSEP.

The program regulations state that no financial assistance will be provided for political activities. Persons employed under the Act, either in the administration of the program or as participants, should become familiar with the Federal laws and regulations regarding political activity. Employees of State and local laws or regulations governing political activity since the activities described herein as being permitted by Federal law are prohibited or restricted in some states and local governments. SCSEP employees should check with their supervisors or other officials to learn about State or local limitations on political activity.

The information below on Federal political activity laws is given for the guidance of SCSEP administrators and participants.

Q. What political activities can be conducted under a SCSEP project?

A. None.

Q. Can a participant or staff person represent himself/herself as a spokesperson for the SCSEP while engaging in partisan political activity?

A. No

Q. Can a staff person or participant engage in partisan, or non-partisan activities on his/her own time?

A. Yes, to the same extent as any citizen, unless they are subject to the Hatch Act.

**NOTICE TO SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
(SCSEP) PARTICIPANTS: FACTS ABOUT POLITICAL ACTIVITIES:**

**SCSEP PARTICIPANTS MAY PARTICIPATE FREELY IN THE POLITICAL
PROCESS WITH THE FOLLOWING EXCEPTIONS:**

- 1. THEY MAY NOT ENGAGE IN POLITICAL ACTIVITIES (PARTISAN
OR NON-PARTISAN ON THE JOB;**
- 2. THEY MAY NOT PRESENT THEMSELVES AS A SPOKESPERSON
FOR THE SCSEP WHILE ENGAGED IN PARTISAN POLITICAL
ACTIVITY; AND**
- 3. SOME PARTICIPANTS WHO ARE EMPLOYED BY FEDERAL,
STATE, AND LOCAL GOVERNMENTS ON FEDERALLY-AIDED
PROJECTS MAY HAVE ADDITIONAL RESTRICTIONS.**

**QUESTIONS MAY BE DIRECTED TO YOUR PROJECT DIRECTOR,
OR FOR MORE INFORMATION CALL:**

**THE INSPECTOR GENERAL
U. S. DEPARTMENT OF LABOR
1-800-424-5409**

OR WRITE

**THE INSPECTOR GENERAL
U.S. DEPARTMENT OF LABOR
100 CONSTITUTION AVENUE N.W.
WASHINGTON, DC 20210**

**U.S. DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING
ADMINISTRATION**

STATEWIDE CHECKLIST for ORIENTATIONS

Subgrantees will provide and document initial orientations for participants and host agencies which include information on:

1. Project goals and objectives
2. Community service employment assignments
3. Training opportunities
4. Available supportive services
5. The availability of a free physical examination
6. Participant rights and responsibilities
7. Host agencies
8. Grantee and local project roles, policies, and procedures
9. SCSEP goals and objectives
10. Role of supervisors
11. Evaluation of participant progress
12. Provision of safe working environment
13. Annual monitoring and safety assessment
14. Documentation requirements
15. Termination policies
16. Grievance procedures
17. Terms of My Assignment
18. Sick Leave Policy
19. Durational Limit Policy
20. Break Policy

A copy of this completed checklist will be filed in each participant and host agency folder.

_____	_____	_____	_____
Participant or Host Agency	Date	SCSEP Manager	Date

Senior Community Service Employment Program

Federal Holiday Policy for SCSEP Participants

This is to acknowledge that the Federal Holiday policy for SCSEP has been explained to me by _____ and I understand the policy to be as follows:

The following Federal Holidays shall be observed by participants involved in the Senior Community Service Employment Program: **(I understand that I will not be paid for the following holidays or any other days when I have not worked)**

New Years Day
Martin Luther King, Jr.
Washington’s Birthday
Memorial Day
Independence Day
Labor Day
Columbus Day
Veterans Day
Thanksgiving Day
Christmas Day

Please note: holidays that fall on a Saturday are celebrated on the Friday before; and, holidays that fall on a Sunday are celebrated the following Monday. Participants can work to make up for lost hours due to a Federal Holiday. Also, other holidays that are celebrated by the Host Agency can be made up within the pay period at the discretion of the host site supervisor -- contingent upon prior approval from the SCSEP Director.

Participant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

STATEWIDE SCSEP POLICY for
APPROVED SICK LEAVE

This is to acknowledge that the Approved Sick Leave Policy with the (Enter Agency Name Here), Senior Community Service Employment Program has been explained to me and I understand the policy to be as follows:

1. I understand I will notify my Direct Supervisor at my training site and the Program Manager at **(Enter Agency Name Here)** immediately if I am unable to report to work because of illness or medical procedures.
2. **(Enter Agency Name Here)** will determine expected length of absence if I am out three or more days.
3. I understand any illness lasting more than 3 days or requiring hospitalization will require a doctor's excuse/release and must be turned into **(Enter Agency Name Here)** before I can return back to the training site.
4. I will provide updates to **(Enter Agency Name Here)** to assist them in monitoring my absence and to assist in determining whether a "break in participation" is appropriate as outlined in the Approved Break in Participation Policy.
5. I will provide a doctor's release to **(Enter Agency Name Here)** as outlined in #3 above and understand I CANNOT return to the training site without providing this release.
6. If I return back to the training site without a doctor's excuse/release, I will not receive payment for the training hours I worked.
7. I understand I will not be paid for sick time off and missed hours cannot be made up.

Participant's Signature _____ Date _____

Program Staff Signature _____ Date _____

Delaware SCSEP Involuntary Termination Policy

Overview

There are six (6) reasons a participant may be involuntarily terminated from the Senior Community Service Employment Program (SCSEP). The reasons are listed below along with an explanation. This Termination Policy will be followed fairly and equitably when involuntarily terminating participants. Participants will not be terminated based on age; there is no upper age limit for participation in the SCSEP. Except as noted below for some types of terminations, participants will receive progressive discipline and an opportunity for corrective action before a formal termination notice is issued. In all cases, participants will receive a 30 day termination letter notifying them of the date of exit, the reason for the termination, and the right to appeal under Delaware SCSEP's grievance procedure. A copy of the grievance procedure will be attached to the termination letter. Participants will receive both a copy and a verbal explanation of the Involuntary Termination Policy during orientation. This policy is based on the Older Americans Act Amendments of 2006 and the SCSEP Final Rule, effective on October 1, 2010.

Types of Involuntary Terminations

A participant can be involuntarily terminated from the SCSEP for six (6) reasons. The reasons are:

1. Knowingly providing false information in the eligibility process
2. Being incorrectly determined eligible at enrollment or the annual recertification
3. Being determined no longer eligible at recertification
4. Reaching the maximum 48 months enrollment limit
5. Becoming employed during enrollment
6. For cause, including refusing to accept a reasonable number of job offers or referrals to unsubsidized employment based on the Individual Employment Plan (IEP) (with no extenuating circumstances hindering the participant from moving to unsubsidized employment)

1. Termination Due to Knowingly Providing False information in the Eligibility Process

A participant may be terminated for fraudulent actions, such as intentionally providing inaccurate information to qualify for the SCSEP. If this occurs, the participant will be placed on Leave without Pay immediately, and a 30 day notification of termination will be sent to the participant.

2. Termination Due to Being Incorrectly Determined Eligible

A participant will be terminated if found ineligible for participation in the SCSEP either after enrollment or after the annual recertification through no fault of the participant. A participant may be enrolled or deemed eligible for continued enrollment based on an error in determining program eligibility, e.g. income may be recorded or calculated inaccurately. When this occurs, the participant will be notified regarding the error and immediately sent a 30 day notification of termination letter. The participant will be able to continue participating in the program until the date of exit as noted in the letter.

3. Termination Due to No Longer Being Eligible

Annually, or more frequently if there is a substantial change in circumstances, each participant is recertified to determine if he or she continues to be eligible for participation. During the recertification, a participant may be determined no longer eligible due to a change in eligibility criteria such as income, family of one due to a change in disability status, employment status, and number of household members. The participant will be notified and immediately sent a 30 day notification of termination letter. The participant will be able to continue participating in the program until the date of exit as noted in the letter.

4. Termination Due to 48 Month Participation Limitation

A participant will be terminated when he or she meets the 48 month maximum participation date, unless he or she has a qualified, documented waiver factor based on Delaware SCSEP's Individual Durational Limit Policy. A waiver factor qualifies the participant for a temporary 12 month extension. If the participant does not qualify for a temporary extension, he or she will be sent a 30 day notification of termination letter 30 days before the 48 month maximum participation date. The participant will be able to continue participating in the program until the date of exit as noted in the letter.

5. Termination Due to Becoming Employed During Enrollment

To qualify for enrollment in the SCSEP, a participant has to be unemployed; all participants are informed that they may not be employed while participating in the program and that they must notify the program representative immediately upon becoming employed. A participant who is discovered to be employed while enrolled without having notified the program of the employment will be terminated from the program. If this occurs, the participant will be placed on Leave without Pay immediately, and a 30 day notification of termination will be sent to the participant.

6. Termination for Cause

There are several reasons to terminate a participant "for-cause." When warranted, a participant may be terminated for certain behaviors and/or conduct. The following are specific reasons; however, other similar reasons that demonstrate willful misconduct or an intentional disregard of program rules may cause involuntary termination:

- IEP related reasons: Refusing to accept a reasonable number of job offers or referrals to unsubsidized employment or for not complying with the Individual Employment Plan (IEP). A participant may be subject to disciplinary action up to and including termination when he or she refuses a total of three job offers and/or referrals to job openings and/or to follow through with objectives to achieve goals that are based on the IEP. If the participant fails, without good cause, to cooperate fully with Program Office staff to accomplish the goals of his or her service strategy, an IEP-related termination "for-cause" may be in order. Examples of lack of cooperation with Program Office staff to accomplish IEP service strategies may include but are not limited to the following when provided for in the participant's IEP:
 - Refusing to search for a job
 - Sabotaging a job interview, for example, a participant tells the interviewer that he or she is not interested in the job or tells the interviewer that he or she is not qualified.
 - Refusing or not participating fully in training opportunities
 - Refusing to transfer to a new community service training assignment
 - Refusing to register at the One-Stop Center
 - Refusing to take advantage of available Workforce Investment Act (WIA) opportunities
 - Refusing to accept or lack of follow-through in obtaining supportive services that will enhance the participant's ability to participate in a community service assignment consistent with the IEP
 - Refusing to cooperate with other IEP-related referrals
 - Refusal to cooperate with the assessment or IEP process, e.g., refusing to participate in completing the assessment and training development plan

- Non-IEP related reasons:
 - Refusal to cooperate in recertifying eligibility, for example, refusing to provide required documents to determine continued eligibility or refusing to attend or be available for the recertification appointment.
 - Failure or refusal to perform assigned duties, e.g., refusing without good cause to do assignments that are part of the training description and required to increase skills and knowledge
 - Falsification of official records, such as timesheets. For example, intentionally signing the signature of the host agency supervisor on a timesheet or other official document, or including hours on a time sheet that are not accurate.
 - Intentional disclosure of confidential or private information obtained from the host agency, grantee, or local project, for example, informing others of information that is supposed to be kept private or confidential
 - Frequent tardiness or unauthorized absences, including reporting to the assignment late or not reporting to the assignment and not informing the supervisor. Generally, three instances of absence without good cause or without proper notice may warrant termination.
 - Insubordination, defined as intentionally refusing to carry out the direction or instructions of a host agency supervisor or a Grantee/Sub-grantee staff member, provided there were no extenuating circumstances and the directions or instructions were reasonable
 - Workplace harassment or discrimination on the basis of sex, race, color, religion, national origin, age, marital status, or disability
 - Obscene, abusive, harassing, or threatening language or behavior
 - Physical violence or intentional destruction of property, for example, being violent and threatening to or carrying out threats that physically harm individuals or property
 - Theft, meaning illegal taking or withholding the property of another without permission
 - Causing an imminent threat to health or safety of self or others
 - Non-compliance with drug and alcohol free policy, which prohibits participants from consuming, selling, purchasing, manufacturing, distributing, possessing or using any illegal or non-prescribed drug or from being under the influence of alcohol and or drugs while performing their host agency assignment or while carrying out objectives required by the IEP. Legally prescribed medications are excluded if they do not affect the participant's ability to perform his or her duties or protect the safety of the participant or others.
 - Exceeding approved Leave without Pay by failing to return from an approved break by the required date without due notice or good cause

Participant Corrective Action and Warning regarding Terminations For Cause

A participant will be given an opportunity to correct his or her behavior or conduct, or his or her failure to comply with the IEP requirements, except in cases involving serious harm or imminent threat to health, safety, property, etc. At any point, if a participant makes positive efforts or the participant's lack of action is justified, 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 or her actions. Absent extenuating circumstances, the participant will be informed in writing by the Sub-grantee Program Manager of the requirement to correct his or her behavior or conduct.

- **Step 2: Second Formal Warning**
When a participant for a second time displays behaviors or conduct outlined in the reasons for “for-cause” terminations or refuses to comply with the IEP requirements, the participant will be verbally warned and counseled to correct his or her actions. Absent extenuating circumstances, the Sub-grantee Program Manager 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 one or more 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:** When a participant does not make improvement in his or her actions or for a third time displays behavior or conduct outlined in the reasons for “for-cause” terminations, a letter will be sent by the Sub-grantee Program Manager notifying the participant that he or she will be exited 30 days from the date of the letter.

For example, a participant's training goal is to become computer literate in preparation for a clerical position. The Sub-grantee staff identified a community service assignment at the library; however, the participant refused it because she wouldn't have her own cubicle (she would be in an open area). Next, the Sub-grantee staff identified a training site in a school; but again, the participant turned down the opportunity. Finally, the Sub-grantee staff tried the local museum; and, the participant refused that training assignment, as well. The Sub-grantee staff spoke with the participant after each refusal; and, there was no legitimate reason for refusing the training offered at various assignments. After the first refusal, the Sub-grantee staff asked the Sub-grantee Program Manager to send the participant the first written warning letter. After the second refusal, the Sub-grantee Program Manager sent her the second warning letter stating that she risked being terminated if she continued to fail to follow her IEP or to take corrective action. When the participant turned down a third assignment and there were no extenuating circumstances, the Sub-grantee Program Manager sent a 30-day notification of termination letter.

Participants may be exempted from adherence to the IEP-termination policy when there are extenuating circumstances, such as: transportation is unavailable to training or an unsubsidized job; death of a closely related person or partner; a physical condition that impacts the training or work situation; the training or unsubsidized job places undue hardship on the participant that exceeds those of the community service assignment; and, the proposed unsubsidized employment is more costly to the participant than the SCSEP position.

For-Cause Terminations that Require Immediate Removal from Host Agency and Leave without Pay Pending Termination

When a participant's violation is of a serious nature, immediate action to remove the participant from the host agency may be required. In this case, the participant will be placed on leave without pay and a written 30-day notice of termination sent. Examples of circumstances warranting immediate removal from the host agency and leave without pay include, but are not limited to:

- Gross misconduct such as violating the Drug and Alcohol Policy or intentionally endangering the lives of themselves or others.
- Violence, including but not limited to, physical or extreme verbal violence at the training site.



Dear Grantee,

As you know, a grantee may only terminate a SCSEP participant “for cause” if the grantee has submitted its “for cause” termination policies to the Department of Labor (DOL) and obtained DOL approval. The DOL Division of National Programs, Tools, and Technical Assistance’s Older Worker team has reviewed your revised termination policy. Based on your submission, your policy, which is attached, is approved.

This policy should be implemented with the following provisions:

1. **Participant Notification:** All participants, including new enrollees, must be informed of the policy right away in writing.
2. **30 Day Termination Notice:** All terminations require a 30-day notification prior to termination, so a full review of the matter can be conducted. For a grievous offense, a participant may be placed on leave without pay and removed from the host agency immediately.
3. **Participant Right to Appeal:** All terminated participants must be informed of their right to appeal the decision, using the grantee’s grievance policy procedures.
4. **Appeals to DOL:** After a final determination by the grantee, all appeals to reverse terminations made to DOL will be reviewed only to determine whether or not the grantee has followed its established grievance policy, or if there are allegations of violations of Federal law, other than civil rights law, that have not been resolved within 60 days under the grantee’s procedures.
5. **Restrictions:** Grantees may, if appropriate, give the approved policy as written directly to participants. As an alternative, grantees may create policy handouts for participants, but may not exceed the language approved in the attached termination policy.

This approval letter and the attached policy will be incorporated into your grant file. For questions or more information, please contact your Federal Project Officer. Thank you for your efforts to develop a termination policy that provides clarity and fairness for all. It should be invaluable to everyone, staff and participants alike, as it provides clear guidance on behavior that affects participation in SCSEP.

Sincerely,

A handwritten signature in black ink that reads "Judith Chase Gilbert". The signature is written in a cursive style with a large, prominent "J" and "G".

Judith Chase Gilbert
SCSEP Project Manager

Division of National Programs, Tools, and Technical Assistance

STATEWIDE POLICY ON MONITORING TOOLS AND PROCEDURES

1. The grantee will conduct annual on-site monitoring visits to review the program operations of each subgrantee to ensure that the local programs are being administered in accordance with program requirements.
2. On-site monitoring visits will provide a first hand review of a sample of participant documents (e.g. assessments, IEPs, evaluations, recertifications...). Also, a sample of participant timesheets will be compared to subgrantee payroll records during annual monitoring visits. In addition, a sample of host training sites will be visited and current participants and their supervisors will be interviewed to obtain feedback on program operations.
3. As part of the annual monitoring activities, the subgrantees will each complete and submit a Program Self-Monitoring Questionnaire.
4. The grantee will write a formal report for each monitoring visit, including any corrective actions. All required corrective actions will have a “due by” date listed in the monitoring report. Monitoring reports and written follow-up actions will be placed in the permanent files.
5. Monthly program and financial reports will be submitted by the subgrantees and used by the grantee to perform desk reviews of program operations. The grantee will develop and analyze monthly budget status reports – based on subgrantee monthly financial reports - to compare cumulative expenditures with program budgets. The grantee will provide each subgrantee with a summary of the monthly budget status report, including the status of the subgrantee’s year-to-date expenditures and any areas of concern and/or areas needing formal corrective action.

STATEWIDE POLICY ON DISASTER RESPONSE & RECOVERY

1. Delaware SCSEP will not operate when the Governor declares a State of Emergency and has directed non-essential state employees to not report to work and/or businesses to not open.
2. When program operations are permissible, SCSEP subgrantees will contact the grantee agency for guidance. Also, subgrantees will contact their host training sites and participants to obtain current status of program operations and to provide guidance.
3. Efforts will be made by the subgrantees to contact any program participants who do not return to their training assignments in a timely manner. If there is a concern about their safety, the proper authorities (e.g. police...) should be contacted regarding those participants.
4. In addition, the grantee and subgrantees will follow the operating guidelines that are provided by their agencies during disaster response and recovery situations.
5. Employee and participant safety takes priority consideration in all SCSEP operational decisions during disaster response and recovery situations.

STATEWIDE POLICY on SUPPORTIVE SERVICES

Supportive Services will be offered, as needed, to help participants obtain and keep unsubsidized jobs. Subgrantee staff will provide job-related or personal counseling directly; or, by referral to community resources that are better qualified to deal with particular problems. Participants may be referred to this counseling by their host training sites or by self-referral. When the problem is job-related, the initial counseling contact may include the participant's training site supervisor.

If a subgrantee cannot address a participant's personal or social problem, there will be access to a full array of services through information and referral networks and procedures. Service resources include legal assistance; health care agencies; educational opportunities; social security benefits; clothing and food sources; and, housing, home heating and transportation assistance. Whenever possible, incidentals necessary for successful participation in the project (e.g. safety glasses, work shoes, etc.) will be obtained by referral to a social service agency. If unavailable through local resources, the subgrantees may fund the necessary items.

Also, the subgrantees provide a wide range of speakers and support in diverse areas, for example: free DART and Paratransit (disabled) bus passes; Medicare and drug program assistance; personal finance assistance; eye care; and, diabetes, caregiver and grief support groups. In addition, a current "Guide to Services for Older Delawareans and Persons with Disabilities" will be maintained in all SCSEP program offices for reference; and, Delaware's Aging and Disability Resource Center (ADRC) number (1-800-223-9074) and Delaware's Helpline (1-800-464-HELP or 211) will be used to access state government assistance.

STATEWIDE POLICY on
GRIEVANCE PROCEDURES FOR COMPLAINT RESOLUTION

The Grantee and Sub-grantees strive to provide excellent customer service to SCSEP applicants, participants, and employees; and, to resolve any concerns before they become issues. When issues arise, they will be handled in accordance with the terms of the grievance procedures outlined below; and, affected policies will be conferred with by the Grantee and Sub-grantee before meeting with the complainant. Participants are informed of the grievance policy during their orientations. Also, a “receipt of policy” form (see last page of this policy for an example) will be used for participants to acknowledge receipt of the Grievance Policy -- the signed form will be filed in each participant’s folder. The grievance policy is applied fairly and uniformly; and, all grievances and rendered decisions are kept on file in the appropriate Sub-grantee Program Office and are available for review by authorized officials such as the Grantee and U.S. DOL. The process for documenting receipt of written grievances is to annotate a Grievance Log that is maintained by each Sub-grantee Program Manager.

Delaware SCSEP has established procedures for resolving complaints with program applicants and participants. And, the Grantee will provide training and direction for personnel responding to an appeal. Written notification will be mailed by the Sub-grantee Program Manager to the applicant or participant – a 30 day notice before termination - stating the grounds for the unfavorable eligibility determination, IEP termination, or other adverse action. This notice shall also state that in order to contest the decision, it will be the responsibility of the applicant or participant to write to the

Sub-grantee within ten (10) calendar days of the notice to schedule a meeting. The Sub-grantee will forward a copy of this correspondence to the Grantee.

Participants and applicants shall be given the opportunity to have an initial meeting with the Sub-grantee to resolve the issue. The Sub-grantee Program Manager shall provide the individual and the Grantee with a written determination -- dated and mailed or hand-delivered within ten (10) calendar days of the meeting. If the complainant is not satisfied with the decision, the individual may appeal the determination. To do so, the complainant must contact the Sub-grantee -- at the SCSEP Program Office in his or her County -- within ten (10) calendar days of the date of the initial written determination to request a second meeting with the Sub-grantee. The Grantee will also be represented at this second meeting. The Sub-grantee shall provide the complainant and the Grantee with a written determination of this second meeting -- dated and mailed or hand-delivered within ten (10) calendar days of the meeting. If the complainant is not satisfied with the second determination, the individual may again appeal the grievance by contacting the Delaware SCSEP Grantee's Office at (302) 255-9361 to pursue the matter further.

There will be no appeal beyond the Grantee's Division Director -- unless the complainant alleges that the Grantee's procedures were not followed; or, that there was a violation of federal law (other than civil rights law) that was not resolved within sixty (60) calendar days of the date of the initial notice. In both cases, the complainant may appeal to the Chief, Division of Adult Services, Employment and Training Administration, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210. Unresolved complaints alleging discrimination in violation of civil rights

laws may be filed by the complainant to Director, Civil Rights Center, U.S. Department of Labor, Room N-4123, 200 Constitution Avenue, NW., Washington, DC 20210.

Complaints from employees of the Grantee or Sub-grantees will be processed according to local personnel policies and procedures; and, applicable contractual requirements. The employee will present the complaint to his or her immediate supervisor within five (5) calendar days for investigation and response. If there is no resolution, the employee is referred to the next level supervisor who counsels and advises the employee, assists in putting the problem in writing, visits with the employee's supervisor if necessary, and resolves the issue. If there is no resolution, the second level supervisor directs the employee to the Division Director (for Grantee) or Executive Director (for Sub-grantee). Exception: the First State Community Action Agency (FSCAA), which is the Sussex County Sub-grantee, processes the complaint through its Human Resources Office for resolution before turning to its Executive Director for a final decision, if needed. The Division Director or Executive Director (or HR for FSCAA) reviews and considers the problem and documents the resolution in writing. The Division Director or Executive Director (or HR for FSCAA) has full authority to make any adjustments deemed appropriate to resolve the problem. If there is still no resolution, the case is referred to the Human Resources Office (for Grantee) or the HR Office or Personnel Committee (for Sub-grantees other than FSCAA) for further processing in accordance with personnel laws, regulations, and rules.

If an employee (for Grantee) prefers to file a grievance without following the supervisory chain as described above, he or she can submit the complaint directly to

Delaware Grantee
Senior Community Service Employment Program (SCSEP)

Labor Relations within the Human Resources Office, which will then take the lead in coordinating a resolution with the employee and his or her organization.

RECEIPT OF GRIEVANCE POLICY FORM

A copy of the Grievance Policy for Delaware SCSEP has been provided to me during orientation (or during the next counseling session if currently enrolled) and has been verbally explained to me. I understand its policies and procedures.

Participant Name: _____

Date: _____

Sub-grantee Counselor: _____

Sub-grantee Address and Phone Number: _____

ROTATION POLICY

The Delaware SCSEP Grantee has established the following policy for rotating participants to a new host agency or to a different assignment within the current host agency.

Policy: the Grantee and its Sub-grantees will make individualized determinations that a rotation is in the best interest of the participant; and, that the rotation will further the acquisition of skills listed in the participant's Individual Employment Plan (IEP).

This Rotation Policy is effective upon U.S. DOL approval.

DELAWARE

“INSERT COUNTY”

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Host Agency File Documents

Agency Name/Training Site _____

- Host Agency Application
- Current on-going partnership
- Current, signed “Letter of Agreement”
- Current “501c (3)” or Government Agency
- Authorized signature forms
- Host Agency Non-Federal Match Form
- Acknowledgement of orientation
- Federal Holidays
- Current, “Annual *Safety*/Monitoring Report
- Case Notes

Comments: _____

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SCSEP MOST IN NEED: LOW LITERACY SKILLS

SCSEP Participant: _____

<p><u>Source Documents or Business Records</u></p> <p>Mark an "X" in the applicable boxes regarding the SCSEP Participant listed above.</p>	<p>Asking the participant about literacy is likely to embarrass the participant and is unlikely to produce accurate information. As part of the IEP, you may wish to test all participants who have less than some college education. Standard tests include Test of Adult Basic Education (TABE), Adult Basic Learning Exam (ABLE), and Test of Applied Literacy Skills (TALS). Your local one-stop center can administer any of these tests for you. You should not design your own test</p>
<p><input type="checkbox"/> Does not calculate or solve problems, reads, writes, or speaks English at or below the 8th grade level</p> <p><input type="checkbox"/> Is unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in the individual's family, or in society.</p> <p><input type="checkbox"/> Or Participant self-attestation</p>	<p><u>DETAILED CASE NOTES:</u></p>

Interviewer Signature

Date

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SCSEP MOST IN NEED: HOMELESS OR AT RISK OF HOMELESSNESS

SCSEP Participant: _____

<p><u>Source Documents or Business Records</u></p> <p>Mark an "X" in the applicable boxes regarding the SCSEP Participant listed above.</p>	<p>Being at risk for homelessness is considered along with actual homelessness as a single priority for service and a single factor for the most in need measure. An individual may be either at risk for homelessness or homeless but not both at once.</p>
<p><input type="checkbox"/> Does participant live below the poverty? If yes, explain in details on case notes. Is participant behind on bills? Participant living with a friend, brother, sister, mother, shelter?</p> <p><input type="checkbox"/> Lacks resource and support network to obtain housing.</p> <p><input type="checkbox"/> Or Participant self-attestation</p>	<p><u>DETAILED CASE NOTES:</u></p>

Interviewer Signature

Date

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SCSEP MOST IN NEED: LOW EMPLOYMENT PROSPECT

SCSEP Participant: _____

<p><u>Source Documents or Business Records</u></p> <p>Mark an “X” in the applicable boxes regarding the SCSEP Participant listed above.</p>	<p>CASE NOTE: Check Yes (X) if the participant’s employment prospects are low. Low employment prospects means the likelihood that an individual will not obtain employment without the assistance of SCSEP or another workforce development program.</p> <p>Lack of a high school degree or its equivalent may be sufficient to establish low employment prospects, but the determination is not automatic. Lack of a high school degree is listed as a characteristic that may constitute a significant barrier to employment. Whether it does any given case will depend upon several other factors, including the participant’s skills and employment history. For example, if the participant has a work history as a skilled trades.</p>
<p><input type="checkbox"/> Lacking substantial employment history</p> <p><input type="checkbox"/> Lacking basic skills</p> <p><input type="checkbox"/> Lacking a high school diploma or the equivalent</p> <p><input type="checkbox"/> Having a disability</p> <p><input type="checkbox"/> Being Homeless</p> <p><input type="checkbox"/> Residing in socially and economically isolated rural or urban areas where employment opportunities are limited</p> <p><input type="checkbox"/> Participant signed self-attestation that establishes one or more significant barriers to employment exist is acceptable, except for disability, severe disability and frail, which require a higher level of documentation</p>	<p><u>DETAILED CASE NOTES:</u></p>

Participant Signature

Date

Interviewer Signature

Date

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SCSEP MOST IN NEED: DISABILITY

SCSEP Participant: _____

<p><u>Source Documents or Business Records</u></p> <p>Mark an "X" in the applicable boxes regarding the SCSEP Participant listed above.</p>	<p>CASE NOTE: Check Yes (X) if the participant's is impaired at the time of enrollment. We do not count as disabled an individual who merely has a history of impairment. The individual must have the impairment currently.</p> <p>The data validation requirement in no way prevents grantees from recruiting or enrolling disabled participants. Indeed, the OAA requires grantees to give disabled participants priority of service. You must still allow participants to self-attest to disability, and you may not require them to provide documentation</p>
<p><input type="checkbox"/> Disability is define as condition attributable to mental or physical impairment, or a combination of mental or physical impartments that results in substantial functional limitations in or more more of the following areas of life activity.</p> <p><input type="checkbox"/> Lacking self-care, receptive & expressive language, learning, mobility,, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning and emotional adjustment.</p> <p><input type="checkbox"/> Documentation is required if the applicant is claiming status as a family one due to disability (Social Security Disability, DMV disability Card, Doctor;s Statement</p>	<p><u>DETAILED CASE NOTES:</u></p>

Participant Signature

Date

Interviewer Signature

Date

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SCSEP MOST IN NEED: FAILED TO FIND EMPLOYMENT AFTER USING WIA TITLE I

SCSEP Participant: _____

<p><u>Source Documents or Business Records</u></p> <p>Mark an "X" (Yes) If the participant was enrolled in WIA Title I (adult services) prior to enrolling in SCSEP and was unable to obtain employment before enrolling in SCSEP. If the participant reports having used the One-Stop system, you must obtain documentation of assessment from one stop center or use SCSEP IEP assessment to as a source document.</p>	<ol style="list-style-type: none"> 1. WIA enrollment may be documented by a case note regarding the call to the One-Stop center. 2. That a cross check against WIA enrollment data was made and how was made (e.g phone call) <p>§ 641.230 Must the individual assessment conducted by the SCSEP grantee or subrecipient and the assessment performed by the One-Stop delivery system be accepted for use by either entity to determine the individual's need for services in the SCSEP and adult programs under title I, subtitle B of WIOA?</p> <p>Yes, sec. 502(b)(3) of the OAA provides that an assessment or IEP completed by the SCSEP satisfies any condition for an assessment, service strategy, or IEP completed at the One-Stop and vice-versa. (OAA sec. 502(b)(3).) These reciprocal arrangements and the contents of the SCSEP IEP and WIOA IEP should be negotiated in the MOU.</p>
<p><input type="checkbox"/> WIA Correspondence with participant, written crosscheck request</p> <p><input type="checkbox"/> Case Note</p> <p><input type="checkbox"/></p>	<p><u>DETAILED CASE NOTES:</u></p>

Interviewer Signature

Date

**Senior Community Service Employment Program
PY ____ QUARTERLY PROGRESS REPORT NARRATIVE**

Date: _____

Period covered: _____

Sub grantee: _____

SCSEP Coordinator: _____

Approved by: _____

Authorized Signature

A. Summary of grant Activities for the quarter:

1) Participants Currently Enrolled	
2) Number of New Participants this Quarter	
3) Allocated Slots /Vacancies	
4) Number of Active Host Agencies	
5) Number of New Host Agencies this Quarter	
6) Participants Hired by Host Agencies this Quarter	
7) Number of Worker's Compensation Issues this quarter	
8) Date of Job Club for Q1	
9) SCSEP Participants Co-enrolled	
10) Active relationship with WIOA/WIB	
11) Number of participants that Exited program (non-exclusions)	
12) Number that reached Durational Limit	
13) Number Terminated	
14) Number that exited for Unsubsidized Employment	
15) Unsubsidized Employer Visits/Follow ups this Quarter	

B. Strategic Partnership Activities:

Summary of Participant Trainings this Quarter

TOPIC	TRAINING ORGANIZATION	PARTNER STATUS E= EXISITING N= NEW	ENGAGEMENT OF PARTNERS/CHALLENGES AND OR SUCCESSES	NO. OF ENROLLEES PARTICIPATING

1. How are you fairing in relation to your work plan? (How have you been engaged during the current phase of the quarter?)
2. Outline Specific roles and contribution to the program this quarter
3. Areas of Concern/Difficulty: What are your struggles as you develop your deliverables?

C. QUARTERLY STATUS UPDATE (Status of Deliverables and Capacity Building Activities)

Use this section to provide additional information that details the status of capacity building activities and/or the development of deliverables occurring under the grant, highlights those that have been completed, and assesses how well the capacity building strategies of the program are meeting the objectives of the grant.

Assessment of Program Successes.

1. Summary of Supportive Services requested/ provided this quarter. Were there any requests you were not able to oblige. Why?

Outreach to unserved communities/minority populations:

2. Any update on Worker’s Compensation Claims, Safety issues or any formal grievances filed by participants

Job Search Assistance (what have you done to help engage potential employers in your area?):

D. TECHNICAL ASSISTANCE NEEDS

1. Summarize any significant issues or problems encountered during the quarter and the resolution of issues and challenges identified in previous quarters.

2. Describe any actions taken or plans for addressing issues, any question you have for DOL, and any need for assistance from DOL, technical assistance providers, or others. *If sub-grantees have nothing to report, that should be specified.*

E. PROMISING PRACTICES AND SUCCESS STORIES

1. Describe promising approaches, innovative processes, and participant-level success stories. Examples may include developing and implementing an outreach campaign, developing new or enhancing existing curriculum, and creating new career assistance tools and resources. *(Please state your future plans, what you are going to be doing, when will it start, and when will it be implemented)*

2. Sub-grantees may also describe any lessons learned and how those lessons learned will be implemented. *. If sub-grantees have nothing to report, that should be specified.*

3. What are some of Enrollee Success Story (ies) if any:

4. Significant Program Achievements:

This report is due at the office of the Division of Services for Aging and Adults with Physical Disabilities no later than fifteen (15) calendar days after the end of each quarter

SCSEP 44 - SCSEP Employer Customer Satisfaction Survey

Survey ID

Date Received

DELAWARE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
SUB-GRANTEE NAME

RELEASE FORM

I _____ hereby authorize my employer (or employers) to
(PARTICIPANT NAME)

release any and all of my employment information (including but limited to wages,
hours of work and terms of employment) to Senior Community Service Employment Program,
its sub-grantee,

(SUB-GRANTEE NAME)

I understand that the Senior Community Service Employment Program or it's sub-grantee
Will utilize this information for purposes consistent with the Senior Community Service Employment
Program (SCSEP). The information will be used strictly for statistical purposes and will not be shared
with anyone not associated with SCSEP. This Release is effective for 2 years from my date of hire
into unsubsidized employment.

(PARTICIPANT'S SINGATURE)

(DATE)

Sub-Grantee Name
Senior Community Service Employment Program
Street Address
City, State, Zip

UPDATED ADDRESS AND PHONE NUMBER(S)

I, _____, hereby authorize (*Sub-Grantee Name*). to update my physical address to:

I, _____, hereby authorize (*Sub-Grantee Name*). to update my mailing address to:

Home Phone: _____

Cell Phone: _____

SCSEP Participant's Signature: _____

Date: _____

SCSEP 47 **SCSEP Prior Purchase Approval Form**

Division of Services for Aging
and Adults with Physical Disabilities (DSAAPD)
1901 N. DuPont Highway, Main Building Annex, Room 109
New Castle, DE 19720

Sub-Grantee

Ship To: / Client Name:

Vendor Name:
Address:
Address:
City/State/Zip:
EI Number:
SSN:

ATTN:
Room No:
Telephone No:

ACCOUNT NO: _____

Date:	Program:		Item #	Item Description	PY TO BE CHARGED: _____	
					Unit Price	Ext. Amount
Page #	Quantity		Item #	Item Description	Unit Price	Ext. Amount
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
DO NOT USE THIS SPACE					TOTAL	\$0.00

Requestor

b _____
Supervisor

SCSEP Grantee Administrator (Over \$500 needs Grantee Approval)

d _____
Federal Project Officer (Over \$5,000 needs FPO Approval)

Please select the options that apply:

- Credit Card
- Purchase Order
- Check

- Supplies
- Equipment

No changes/corrections can be made without written approval

Justification/Reason for Purchase/Business Need

MUST BE COMPLETED!



Delaware Division of Services for Aging and Adults with Physical Disabilities
 Senior Community Service Employment Program
 Training and Travel Request Form

General Information

Name of employee requesting training or travel:
 Title of training or meeting:
 Organization providing training or conducting meeting:

Travel Information

Location of training or meeting:

Mode(s) of travel:
 Departure date/time:
 Return date/time:

Documentation

Accompanying documentation (e.g., conference brochure, registration form, cost statement, etc.): Event Overview, Training Agenda

Cost Information

Cost category	Cost estimate
Common carrier (plane, bus, train, rental car, taxi, etc.)	
Lodging	
Registration	
Meals	
Other - specify: Airport Parking Fee	
Total	

Appropriation to be charged: 4007 (Fully funded by Title V of the Older American Act)

Purpose of Training or Travel

Mandatory? Yes No; If yes, Grant requirement Licensure requirement Other requirement
 Justification:

Management Review

Reviewer	Signature	Date	Decision
Supervisor			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Grantee Administrator			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove

**STATEWIDE SCSEP POLICY for
Prior Purchase Approval & Travel/Training**

In accordance with the federal uniform code for property management: supplies, equipment and intangible property. The sub-grantee of the Delaware Senior Community Service Employment Program shall request prior approval for the following purchases from the State Grant Administrator. DSAAPD has lowered all the threshold as a non-federal entity

- Equipment over any amount requires prior approval (2 CFR 200.48) Allowable Cost for Equipment use by multiple programs should be allocated based on relative benefit and proportional use
- Intangible property over any amount requires prior approval (2 CFR 200.33)
- Supplies over \$500 requires prior approval
- All Trainings that requires travel with Title V funding

The Sub- Grantee attests or confirms that it has made efforts where required or applicable to Buy American products or goods. Buy American Act (BAA) - 41 U.S.C 8301-8303

Sub-Grantee will submit SCSEP Form 47 for purchases

Sub- Grantee will submit SCSEP Form 48 for Travel/Trainings

Program Managers Signature _____

Date_____

Contract Signatory _____

Date_____

Senior Community Service Employment Program (SCSEP)

STATEWIDE SCSEP POLICY for Equipment Use, Management and Disposition Standard

In accordance with the federal uniform code for Equipment Use, Management and Disposition Standard. The sub-grantee of the Delaware Senior Community Service Employment Program shall follow the follow guidance.

- Non-Federal Entities – Must follow specific requirements of 2 CFR 00.313 (c) - €

Equipment Use Standards

- ✓ Priority order of use of equipment on projects or programs
 - Must be used for the originally – authorized purpose until funding ceases or no longer needed for the purposes of the project
 - The equipment may be retained as long as needed for the project/program, whether or not the project/program continues to be supported by the Federal award
 - When not needed for the original program or porrect may be used in following order of priority
 - (i) Other DOL –funded activities
 - (ii) Activities under federal awards for toher than DOL, including consolidating equipment for information technology systems
- ✓ Availability of the use of equipment during grant period of performance
 - Non-Federal entity must make equipment available for use on other current or previous federally funded projects if such use does not interfere with project for which originally acquired
 - Order of preference for use on other programs
 - (i) Other DOL –funded activities
 - (ii) Other non-DOL federally-funded awards

Equipment Management Standards

- ✓ Property records inventory system
- Property description
- Serial number or other identification number
- Funding source, including Federal Award ID Number
- Title holder
- Date acquired
- Cost
- Federal percentage of participation
- Location, use and condition
- Ultimate disposition data

Senior Community Service Employment Program (SCSEP)

STATEWIDE SCSEP POLICY for Equipment Use, Management and Disposition Standard

- ✓ Physical Inventory and reconciliation at least every two years.
- ✓ Maintenance (Property should be maintained in good, working order)
- ✓ Insurance
 - Required for equipment purchased/ improved with federal funds
 - Insurance costs are allowable
 - Federal government not liable for insurance cost
- ✓ Disposition policy/procedures
 - Procedures for requesting disposition instructions from ETA via DSAAPD
 - Proper sales procedures, when authorized to sell
- ✓ Charges for depreciation must be supported by adequate property records
- ✓ Physical inventories must be taken at least once every two years to ensure that the equipment exists and is usable, used, and needed.

Equipment Dispositions Standards

2 CFR 200.311 (e)

- ✓ Same for all types of equipment with a fair market value of \$500 (DSAAPD has lowered the threshold) at the time of disposition
- ✓ Non-federal entities (sub-grantees) must request disposition instructions from DSAAPD and DSAAAPD will request disposition instruction from US DOLETA .

Options for disposition include

- ✓ Selling the property
- ✓ Transferring the title to a third-party operating in similar program

Failure to take disposition actions may result in DSAAPD & ETA directing the entity to take disposition actions.

Program Managers Signature _____

Date _____

Contract Signatory _____ Date _____

Joint Quarterly Narrative Performance Report Template
 * Report Due Date: Forty-five (45) days after the end of each quarter

DOL GRANT PROGRAM NAME: _____

Program Year: _____
 Quarter End Date: _____
 Date Report Submitted: _____

The information provided in this quarterly narrative progress report will be used to help the Employment and Training Administration (ETA) monitor the progress of the grant and identify promising practices and challenges of the grantee in implementing the grant. The information collected here provides a more comprehensive assessment of the progress of grantees in meeting expected milestones, performance indicators, and program requirements. It also provides additional qualitative information to ETA regarding the activities of grantees as it relates to WIOA implementation or implementation of other discretionary grant programs, timeliness of program deliverables, technical assistance needs, innovative or promising practices in the field, and the use of evaluation for program accountability, assessment, and improvement.

Additionally, please note that, per the Uniform Guidance (2 CFR 200.328), grantees must inform DOL as soon as the following types of conditions become known and should not wait for a quarterly report deadline:

- (1) Problems, delays, or adverse conditions which will materially impair the ability to meet the objective of the Federal award. This disclosure must include a statement of the action taken, or contemplated, and any assistance needed to resolve the situation.
- (2) Favorable developments which enable meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Section I. Contact Information.

DOL Grant FOA (optional):	
Grant Number:	
Grant Recipient Name:	
Grant Project Name:	
Grant Project Address:	
Grant Period of Performance:	
Point of Contact (Name, Phone Number, and Email):	

Section II. Summary of Grant Progress.

- A. This section is an executive summary of grant activities, including planned and actual progress. Grant activities should be aligned with the goals and objectives outlined in your grant Statement of Work (SOW) and ETA approved work plan/timeline. For the current quarter, please include a description of all:
- services supported by the grant;
 - key activities completed, including partnership development and coordination;
 - performance improvement efforts being undertaken to meet goals for the performance year if projected goals for the quarter are not currently being met; and
 - additional activities performed by both the grantee and any sub-grantees, if applicable.
- B. This update may include additional information about service and training activities and outcomes to supplement the data submitted on the Quarterly Performance Report.
- C. In accordance with the funding opportunity under which the grant was awarded, grantees that are providing supportive services and specialized participant services, should include:
- a description of the type(s) of services offered in the quarter,
 - how they were delivered, and
 - how they contributed to a participant's ability to fully participate in grant-funded activities.
- D. Those grantees who have no changes to report on the above items relative to previous reports should indicate so, in addition to indicating the reason for their lack of changes.
- E. Additionally, for Senior Community Service Employment Program (SCSEP) grantees, please provide information on the current quarter regarding:
- additional training activities outside of community service assignments; and
 - types of host agencies that are being recruited.

Section III. Progress of Grant Timeline.

- A. Provide any updates for the progress of the ETA approved grant timeline/work plan, including program activities, key deliverables and products available this quarter and in future quarters for broad dissemination to the workforce system, if applicable. This includes identifying products and deliverables available for broad distribution via ETA-hosted web sites and other communication vehicles.
- B. Utilize the timeline in the grant's SOW to identify all major program activities and training for the reporting quarter. The timeline will paint a picture of project flow that includes start and end dates, schedule of activities, and projected outcomes. It is important that the timeline be updated each quarter noting the actual date of each activity's completion as accomplished.
- C. The following items will be assessed during the progress of the grant: project goals, benchmarks, milestones, special events, important deadlines, and deliverables.

- D. Include any challenges or concerns the project has encountered that may have affected or slowed grant progress of the timeline/work plan and how the project intends to resolve them.
- E. Describe the next steps or key areas of emphases planned for the project in the next quarter.
- F. Also use this section to collect additional information that details the status of capacity building activities and/or the development of deliverables occurring under the grant (if applicable), highlighting those that have been completed, and assessing how well the capacity building strategies of the program are meeting the training needs of the targeted industries through previously identified impact measures. Grantees who have nothing to report should indicate so.

Section IV. Development and Implementation of Effective Practices and Program Model Strategies.

- A. Describe how your program model is working towards/has realized the program's intended purpose as well as the goals/objectives and activities outlined in your grant application and work plan. Examples may include developing and implementing an outreach campaign, designing education and training programs, identifying industry sectors and engaging employers, aligning policies and programs, measuring systems change and performance, developing new or enhancing existing curriculum or industry training, and creating new career assistance tools and resources.
- B. Grantees may also describe any lessons learned and how those lessons learned will be integrated into ongoing grant activities.
- C. Those grantees who have no progress to report on the above items should indicate so.

Section V. Status Update on Match and/or Leveraged Resources *(if applicable)*.

Please use this section of the narrative to provide an update on the status of all match and/or leveraged resources.

- A. Identify any funding needs and sources, and report the cumulative amount of any match and/or leveraged resources provided by the grantee and partners each quarter. Match resources are required resources, from non-Federal funds, that support the allowable grant activities. Only grants with a match requirement should report on match. Leveraged resources are those additional resources the grantee and its partners may be providing to support the implementation of the grants. Leveraged resources may take the form of cash or in-kind donations. Please indicate any new leveraged resources that may be used to sustain the project after the life of the grant, if applicable.
- B. The update may include:
 - organizations that contributed the resources;
 - ways in which the resources were used during the current quarter;
 - cumulative amount of match and/or leveraged resources; and
 - type of match and/or leveraged resources contributed to the project.

C. Grantees should indicate if they have no required match or additional leveraged resources on which to report. Please note that both match and leveraged resources must also be reported on the Financial Status Report (ETA-9130) quarterly, if applicable.

Section VI. Status Update on Strategic Partnership Activities *(if applicable)*.

The purpose of this section is to describe how the partnership is working together to implement the project and to communicate the dynamic growth and development of the strategic partnership, including cross-agency partnerships. This section is not intended to be a list of every partner meeting or communication, but rather should reflect the results and outcomes from such interactions and their impact on the project. Completing this section of the report allows grantees to reflect critically on their partnerships and contributes to broader discussions among grantees on partnership development and management.

- A. Report the critical aspects of the grant partnership activities, including establishing and maintaining strategic partnerships, during the reporting period.
- B. This section may:
 - discuss how partners have been engaged during the current phase of the project;
 - outline specific roles and contributions of each partner during this quarter;
 - identify any challenges encountered/resolved in the development and management of the partnership; and
 - report new partners that may have been brought into the project or identify any previous partners that may have left the project. Grantees who have nothing to report should indicate so.

Section VII. Status Update on Employer Engagement Strategies.

A key element of the Workforce Innovation and Opportunity Act and affiliated workforce programs is to strengthen employer engagement in the workforce system and to ensure employers have an active role in workforce system activities. The purpose of this section is to share information related to promising practices and strategies that have strengthened existing employer partnerships.

- A. Report the efforts that have been undertaken to receive feedback from local area employers to identify their employee pipeline needs and engage local employers to interview, assess, train, and/or hire program participants. Examples may include:
 - increased employer involvement including employers serving as mentors,
 - program staff and employers identifying ways to encourage continuous improvement to hire program participants;
 - new employer partnerships (e.g., increased number of employers); and
 - positive employment outcomes for program participants (e.g., employers support the hiring and advancement of program participants).

Section VIII. Key Issues and Technical Assistance Needs.

- A. Summarize significant opportunities, issues, or challenges (such as under-enrollment) encountered during the quarter and any resolution of issues and challenges identified in previous quarters. Furthermore, describe actions taken or plans to address issues,
- B. Describe questions you have for ETA, as well any technical assistance needs.
- C. Additionally, for SCSEP grantees, this section should include information on recruitment of eligible applicants, meeting the most in need goal, and over/under enrollment challenges.
- D. Grantees who have nothing to report should indicate so.

Section IX. Significant Activities, Accomplishments, and Success Stories.

This section is intended to provide additional, more in-depth information than the summary section about promising approaches, new processes, and/or lessons learned.

- A. Report on any other significant activities and accomplishments.
- B. Describe in detail promising approaches, innovative processes, lessons learned, and grant- and participant-level success stories in this section each quarter, as appropriate.
- C. Additionally, if appropriate, please highlight one or two grant- or participant-level “success stories” from the grant per quarter, with the participant’s express permission (if providing a participant success story).
 - In documenting success stories, please describe:
 - background, problem, issue, or concern prior to project involvement;
 - response or intervention provided by the project;
 - results and outcomes, including who benefited and what changed or improved; and
 - evidence of the success, including how the data was obtained and the methods used to measure success.
- D. Grantees can also include promising practices and success stories as additional documents for upload.
- E. Grantees who have nothing to report should indicate so.

Section X. Evidence and Evaluation.

This section is intended to provide information to DOL on how evidence and evaluations are being developed and applied. This information may help DOL to plan for future evaluation needs.

- A. Describe how the grantee is using or planning to use data, evidence, and evaluation findings to make improvements to programs and strategies? In this explanation, please include a discussion on accomplishments, strategies being implemented, and any barriers to success.

- B. Please provide an update on participation and status of any evaluations required as part of the funding announcement or award. Please include any requests for technical assistance related to these requirements.
- C. Please include information if the grantee is participating in any studies or evaluations not required as part of the grant award, including any internal evaluations? Please describe the study, any data sources, and whether a third party is managing this project.
- D. As part of the evaluations described above, or as a separate stand-alone data analysis project, is the grant using, or does it have plans or a desire to use, administrative data to better understand the grant program or the population it serves? If so, what data sources has the grant been able to use or planned/desired to use? If so, what research or management questions do/can these data help the grant answer?

Section XI. Additional Information *(if applicable)*.

- A. Provide other grant-specific information considered to be important yet not captured in other sections of the quarterly narrative report. For example, the specific outcomes included in the SOW that are not reflected in the quarterly performance report.
- B. Additionally, for SCSEP grantees, this section should include information on the:
 - status of the activities described in their training and supportive services waiver request,
 - progression on special projects, and
 - status of any complaints/grievances.
- C. H-1B grantees are asked to report any outcomes in this section that may or may not be reflective of outcomes that are reflected in the Quarterly Performance Report form.

Paperwork Reduction Act Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The control number for this collection is 1205-0448. Public reporting burden for this collection of information, which is required to obtain or retain benefits, is estimated to average 10 hours per quarterly response, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the Quarterly Narrative Report. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Jenn Smith, Office of Workforce Investment, Room N-4508, Employment and Training Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.

Note: Please do not return the completed ETA-9179 to this address.



**DELAWARE HEALTH AND
SOCIAL SERVICES**

Division of Services for Aging and
Adults with Physical Disabilities

**20 CFR Part 641- Provisions
Governing the Senior
Community Service Employment
Program**

Revision Date	Sections Revised	Description
05/01/2019		Original (Authorized 42 U.S.C 3056; Pub L. 114-144, 130 Stat.335
05/01/2019		SCSEP Goals and Performance Measures



**DELAWARE HEALTH AND
SOCIAL SERVICES**

Division of Services for Aging and
Adults with Physical Disabilities

**20 CFR Part 641- Provisions
Governing the Senior
Community Service Employment
Program**

**20 CFR Part 641- Provisions Governing the Senior Community Service
Employment Program**

- [Subpart A - Purpose and Definitions \(§§ 641.100 - 641.140\)](#)
- [Subpart B - Coordination With the Workforce Innovation and Opportunity Act \(§§ 641.200 - 641.240\)](#)
- [Subpart C - The State Plan \(§§ 641.300 - 641.370\)](#)
- [Subpart D - Grant Application and Responsibility Review Requirements for State and National SCSEP Grants \(§§ 641.400 - 641.495\)](#)
- [Subpart E - Services to Participants \(§§ 641.500 - 641.585\)](#)
- [Subpart F - Pilot, Demonstration, and Evaluation Projects \(§§ 641.600 - 641.640\)](#)
- [Subpart G - Performance Accountability \(§§ 641.700 - 641.750\)](#)
- [Subpart H - Administrative Requirements \(§§ 641.800 - 641.884\)](#)



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**20 CFR Part 641- Provisions
Governing the Senior
Community Service Employment
Program**

SCSEP GOALS & PERFORMANCE MEASURES

Program Year	Performance Measure	Goal
PY'19	Median Earnings	\$3,562
PY'19	2 nd Qtr Employment	36%
PY'19	4th Qtr Employment	32.40%
PY'19	Service Levels	166.80%
PY'19	Community Service	79.40%
PY'19	Most In-Need	2.82
PY'19	Customer Satisfaction-Participant	84.40%
PY'19	Customer Satisfaction-Host Agency	81.90%
PY'19	Customer Satisfaction-Employer	85.80%



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Revision Date	Sections Revised	Description
04/08/2016		Original
06/14/16	Added 6.10	Employers or sub-grantees may not switch to 50% reimbursement after 4 weeks
07/27/2018	Added 5.6	The Worker Adjustment and Retraining Notification Act of 1988 (WARN)
07/27/2018	Added 6.9	U.S Department of Labor (U.S DOL)



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Introduction

As stated in Older Worker Bulletin No. 04-04, quality training must have a foundation of a good assessment followed by the development of a service strategy which is documented on the Individual Employment Plan (IEP). A good assessment is an ongoing process that lasts throughout a participant's enrollment in SCSEP. The IEP is a decision-making process that utilizes information collected during assessment, including skills, interests, hobbies, barriers, aptitudes, personal preferences, service needs, work history, etc. to function as a roadmap that clarifies the participant's goals, supportive service needs, and the training required to accomplish the training consistent with their IEP.

While community service assignments offer the participant an opportunity to learn needed skills with a realistic timeline, this type of workplace training is often more practical than classroom training. However, in some instances a participant's unsubsidized employment goal may require specific skills that are not attainable through the regular community service assignment. This policy seeks to provide focus for "on-the-job experience" (OJE), which can provide more specific skills than those learned through community service assignments.

Note: This policy contains the following sub-attachments:

- ☐ Sub-Attachment 1 – On-the-Job Experience Pre-Award Review
- ☐ Sub-Attachment 2 – On-the-Job Experience Training Plan
- ☐ Sub-Attachment 3 – On-the-Job Experience Training Reimbursement Contract

Once a participant has completed **two weeks** at a community service assignment, the sub-grantee may elect to provide the participant with OJE training. The SCSEP Sub-grantee must maintain documentation to support the need for the participant's training and the length of training to be provided. Such documentation must include a review of the participant's past work and training history in determining an appropriate length of training. Where a person has related training or experience, more attention must be given to necessity and rationale for the training provided. The Sub-grantee's policy will describe the methods to be used for such documentation

1.0 Negotiating a Contract

- 1.1 The sub-grantee must first negotiate a contract specifying the skills to be learned, timelines and benchmarks to be achieved in order for the participant to be hired permanently by a public or private employer.
- 1.2 The Sub-grantee may choose to offer any of the three OJE placement options under section 2.0 (Reimbursement) 1) Employer may be reimbursed for up to 100% of paid wages if training will last no more than 4 weeks 2) If OJE more than 4 weeks, employer may be reimbursed for up to 50% of paid wages for the cost of providing training, (3) sub-grantee may pay wages of participant directly during OJE at a prevailing wage up to 40 hours a week for up to 12 weeks.
- 1.3 The contract must stipulate that at the end of the training period, if the participant's OJE has been satisfactory, the participant will be placed or remain on the potential employer's payroll.



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- 1.4 Each sub-grantee may exercise the OJE training option with the same employer, but no more than five times per year for the same job category.
- 1.5 Participants will have one (1) OJE per 12 month period
- 1.6 No active Host Agency can be used as OJE

Training Plan

A training plan will be incorporated into each contract with an employer. The training plan will outline the skills to be developed and the methods of developing those skills. Training plans will be individualized based on the participant's needs as reflected in the Individual Employability Plan. The specific content will be tailored to individual participant needs and employer expectations. The training plan will be kept relatively simple but will provide sufficient detail to ensure skill attainment is tracked

2.0 Reimbursement

- 2.1 Employer may be reimbursed for up to 100% of paid wages if training will last no more than 4 weeks.
- 2.2 If OJE more than 4 weeks, employer may be reimbursed for up to 50% of paid wages for the cost of providing training (12 weeks maximum)
- 2.3 Sub-Grantee may pay wages of participant directly during OJE

3.0 Regular Contact

- 3.1 During the OJE training, regular contact must be maintained in order to address any issues, safety concerns, or problems with the employer or the participant. The contact may take place in person, by telephone or e-mail and noted in the participant's case notes. The SCSEP Sub-grantee will describe in their policy the procedures to be followed.

4.0 After Placement Follow-Up

Successful projects tend to place more emphasis on after placement activities than do less successful projects. Many successful projects systematically interview both the (former) enrollee as well as the employer to determine how the placement is working out. Any deficiencies or problems are identified and a plan to remedy the problem(s) is developed and implemented. A critical component of the follow-up is increasing rapport and confidence between the SCSEP project and the employer. Successful projects help the employer understand that the project is invested in *successful* placements – placements where both the employer and enrollee are satisfied. If the employer is dissatisfied with the employee's performance, the problem is either resolved to the mutual satisfaction of the employer and the enrollee, or a new placement is arranged. Consequently, the employer is disposed to accept more SCSEP placements in the future – "success breeds success." The SCSEP Sub-grantee will describe in their policy the procedures to be followed.¹



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5.0 Pre- Award Review

- 5.1 The OJE employer must be reviewed on-site prior to the execution of the first training agreement of each year. Understanding that the Sub-grantee can add to their Pre-Award Review, at a minimum, the State requires the review.
- 5.2 To ensure that SCSEP funds are not used or proposed to be used for the encouragement or inducement of a business, or part of a business, to relocate from any location in the United States if the relocation results in any employee losing his or her job at the original location.
- 5.3 To ensure that SCSEP funds are not used or proposed to be used for training for a business or part of a business that has relocated from any location in the United States, until the company has operated at that location for 120 days, if the relocation has resulted in any employee losing his or her jobs at the original location.
- 5.4 To verify that an establishment which is new or expanding is not, in fact, relocating employment from another area.
- 5.5 To include names under which the establishment does business, including predecessors and successors in interest, and contain the name, title, and address of the company official certifying the information.
- 5.6 To include whether assistance is sought in connection with past or impending job losses at other facilities, including a review of whether The Worker Adjustment and Retraining Notification Act of 1988 (the WARN Act) notices relating to the employer have been filed.
- 5.7 To ensure this request for training is for a high growth, high demand occupation in the local area targeted industry cluster(s), when possible.
- 5.8 To ensure that Worker's Compensation coverage is provided to employees.
- 5.9 To ensure that the employer has not had any wage and hour or child labor violations during the past 12 months.
- 5.10 To ensure that the training will be conducted with a commitment by the employer to employ an individual on successful completion of the training.
- 5.11 To ensure that the training activity shall not impair an existing contract for services or collective bargaining agreement, and no such activity that would be inconsistent with the terms of a collective bargaining agreement shall be undertaken without the written concurrence of the labor organization and employer concerned.
- 5.12 To ensure training is not available in the absence of SCSEP funds.
- 5.13 To ensure the employer has not exhibited a pattern of failing to provide SCSEP enrolled training participants with continued long-term employment with wages, benefits, and working conditions equal to that of regular employees doing similar work for a similar length of time.

6.0 Contract Requirements

- 6.1 The contract for the on-the-job experience may be with a public or private employer that is **not** also an active host agency. An active host agency is an organization that currently provides community service work-training assignments to any SCSEP participant
- 6.2 The contract must detail the specific skills to be learned; the training timelines and benchmarks to be achieved; the hours the participant will work each week; and the number of weeks the participant will work for this employer.



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- 6.3 The contract must stipulate that the employer will hire or retain the participant in a permanent part-time or full-time position at the end of the training period if the participant has performed satisfactorily.
- 6.4 The contract must stipulate that there will be significant follow-up to resolve unsafe conditions or issues that arise with the employer or the participant.
- 6.5 The contract must stipulate the amount the employer will be reimbursed or the amount the participant will be paid in the OJE training. NOTE: Participants may be paid the prevailing wage while in an OJE training assignment.
- 6.6 The contract must state if the employer or the Sub-grantee will be responsible for workers compensation claims that derive from the participant's participation in the OJE training.
- 6.7 No participant may work for more than 40 hours per week, which includes time spent in a community service assignment if the participant is participating in OJE and community service
- 6.8 OJE training may not exceed 12 weeks in duration per participant
- 6.9 Sub-grantees must retain copies of all OJE contracts in the participant's file and agree to supply such information to U.S Department of Labor (U.S DOL) or Delaware Division of Services for Aging and Adults with Physical Disabilities upon request.
- 6.10 Employers or grantees may not switch to 50% reimbursement after four (4) weeks.

7.0 Monitoring and Oversight

- 7.1 The sub-grantee must monitor each OJE site at least monthly.
- 7.2 To verify that the participant is receiving the training contracted for at the wages in the agreement, and that the participant is not required to engage in activities prohibited by SCSEP
- 7.3 To review employer records to ensure that the participant is receiving proper wages and that the employer is withholding taxes and paying workers compensation (or the equivalent) insurance.
- 7.4 To evaluate the participant's progress, to document that the training is being provided as outlined in the contract, and for compliance with provisions of the contract. **Participant's progress must be documented in case notes.**
- 7.5 Methods of contact can include on-site visits, phone, or email and in-person visits at other locations. Methods of contact must be sufficient to assure that training is being provided as specified in the OJE contract. **Contact information will be documented in case notes.**

8.0 Occupations for Which OJE Contracts Should Not Be Written

The following should be considered for OJE:

- 8.1 Where an employer would typically be able to train a new employee in the first few days or weeks on the job.
- 8.2 Jobs where the principal source of income is tips, commissions or piecework basis, jobs for commission salespersons, casino or other gambling establishment, aquarium, zoo, golf course, swimming pool, seasonal workers, or occupations requiring licensing as a prerequisite for hiring with ARRA/SCSEP formula funds.
- 8.3 Those jobs that are intermittent or seasonal in natures and jobs used to assist, promote, or deter union organization.



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9.0 Payments

- 9.1 The employer shall be paid upon the submission of properly prepared invoices submitted at a time specified by the Sub-grantee and for training performed in accordance with the terms and general provisions of the contract. The employer shall be paid an hourly fixed cost as specified in the contract, up to the maximum training hours allowed in the agreement. Reimbursement shall not be claimed for time in which the participant is absent from training. **This includes authorized paid absences such as holidays, sick days or vacation days.** In no event, shall payment exceed the contract amount.

10.0 Documentation

The documentation listed below must be maintained in the Contract file:

- Pre-Award Checklists
- OJE Payment Invoices
- OJE Agreement (Original)
- Monitoring reports including problems, corrective action, and follow-up (if necessary)
- Any modifications to the OJE Agreement
- Participant performance evaluation
- Training Time Documentation
- Justification for failure (if necessary)

Other Specifications – OJE training may be combined with other training activities, such as community service, classroom training, lectures, seminars, individual instruction, or specialized training. Sub-grantees should consult the SCSEP Data Collection Handbook for further information (i.e when to exit participants, placements, right of return etc)

OJE Training Reimbursement Contract

This is an *OJE Training Reimbursement Contract* between _____, hereinafter referred to as SCSEP, and

Employer Name: _____

Address: _____

Contact Person: _____ **Phone #:** _____ **Email:** _____

to provide **On-the Job Experience** to: _____, in the position of _____ for the period from _____ to _____.

Employer agrees to:

1. Pay the person in On-the-Job Experience (OJE) \$_____ per hour for _____ hours per week for _____ weeks, and pay FICA (Social Security) and worker’s compensation for this person.
2. Retain person in OJE as a permanent employee upon successful completion of OJE period.
3. Provide a safe, sanitary, drug free work environment, and necessary liability coverage, and to the extent feasible, comply with Section 504 of the Rehabilitation Act of 1973.
4. Assist with the monitoring and evaluation process by conferring with the project monitor.
5. Report to SCSEP any difficulties that cannot be satisfactorily resolved or which could hinder the successful completion of this OJE.
6. Verify that this activity will not displace any other paid employee or volunteer nor discriminate with regard to race, color or creed.
7. Provide adequate supervision and training, including specific skills to be learned and benchmarks to be achieved, (also attach a job description), as outlined below:

SCSEP agrees to:

1. Reimburse the Employer for _____% of the wages paid to the employee during the training period stated above.
2. Provide the Employer with appropriate forms and a schedule for obtaining said reimbursements.
3. Monitor and evaluate the person in OJE on a regular basis to resolve any difficulties and assure successful completion of the OJE period, and to provide counseling and supportive services as needed.
4. Follow up the progress of the person in OJE after completion of the OJE period, and continue to provide counseling and supportive services as needed.
5. Prepare all necessary documents for the successful completion of the project.

Signature of Employer

Name/Title

Date

Signature of SCSEP Official

Name/Title

Date