



programs, there are significant changes in the SCSEP data collection and reporting requirements, and grantees are now required to submit individual participant records rather than just summary performance data as has been the case in the past. Except for the two traditional SCSEP measures of Placement Rate and Service Level, Program Year 2004 will serve as a test year for collecting baseline performance data, and the results will help the Department establish performance goals for PY 2005. The existing Quarterly Progress Report will be used for PY 2003, and grantees will have ninety days after June 30, 2004, to finalize their PY 2003 information.

The new regulations that set forth the performance measures and reporting requirements were effective on May 9, 2004. The Office of Management and Budget (OMB) approved the forms and the data collection system on June 14, 2004, and they became effective on July 1, 2004.

**4. DATA COLLECTION AND REPORTING.** The data collection system requires grantees to report individual participant records that contain information about participants, host agencies, and unsubsidized employers. It is based on four forms: Participant Form, Community Service Assignment Form, Exit Form, and Unsubsidized Employment Form. These forms are attached as Appendix C. Although use of the four forms is not mandated, grantees are required to report all of the data elements on the four forms in the specified format. (Any statement in this Bulletin that grantees are required to use the forms means that they are required to capture in the specified format all of the data elements contained in the forms.) The Division of Older Worker Programs (DOWP) is providing software to those grantees that do not have automated case management or reporting systems. The software provides data entry screens that contain all the data elements that are on the four forms. Those grantees that wish to use their own automated systems to capture the required data may do so. However, they are required to transmit the data in four Excel spreadsheets using a specified format.

All grantees – whether they use the software provided by DOWP or use their own automated systems – must transmit the data each quarter to the Department for aggregation and the production of the Quarterly Progress Report (QPR). The QPR is attached as Appendix E. The data are due to the Department within 30 days of the close of each quarter. The Department will provide draft QPRs to the grantees for their approval prior to formal submission to DOWP. In addition, grantees have 90 days after the conclusion of the program year to transmit final corrected data to the Department for inclusion in the Final QPR.

The four QPRs and the Final QPR will be generated from the data provided by the grantees. Grantees are not required to aggregate any data or to perform any calculations. These reports contain information about the flow of participants into and out of the program; participant characteristics, including those related to priorities and preferences; the SCSEP performance measures; and the Common Measures. The follow-ups at which outcome data are obtained must be completed within the required periods:

- Follow-up 1 must be completed within the quarter in which the 120<sup>th</sup> day after the date of exit falls.
- Follow-up 2 must be completed within the quarter in which the 210<sup>th</sup> day after the first day of unsubsidized employment falls.

- Follow-up 3 must be completed within the fourth quarter after the quarter in which exit occurred.

If a follow-up is not completed within the times set forth above, the QPR for that quarter will reflect a failure in performance, e.g., no placement or retention, zero wages. If the follow-up is done in a subsequent quarter in that program year, the QPR for that subsequent quarter and the Final QPR will reflect the reported performance outcome. Performance outcomes based upon follow-ups done within 90 days of the close of the program year will be included in the Final QPR.

Because the rules allow for late reporting of outcomes, the QPR may not provide a totally accurate picture of grantee performance. As a consequence, only the Final QPR will be used to determine whether grantees have met their performance goals and are subject to sanctions or incentives. The QPR, however, will provide a very useful picture of grantee performance quarter by quarter, and grantees are required to submit complete and timely records each quarter so that they and DOWP can determine well before the end of the program year whether adjustments or corrections in program operation are required.

In response to grantee requests, the Department will no longer ask for a detailed narrative report to be attached to each quarterly report. Rather, grantees will be asked to submit voluntarily, on an ongoing basis, "success stories" and examples of best practices that will help the Department better present the story of SCSEP to the public and to elected officials.

**5. PERFORMANCE MEASURES FOR PROGRAM YEAR 2004.** Starting in PY 2004, grantees will be assessed on seven performance measures mandated by the OAA Amendments and the implementing regulations. These measures are:

- (a) Placement Rate
- (b) Service Level
- (c) Service to Most-in-Need
- (d) Community Service
- (e) Employment Retention
- (f) Customer Satisfaction for Employers, Participants, and Host Agencies
- (g) Earnings Increase

Descriptions of the performance measures follow:

*(a) Placement Rate*

The Placement Rate will be calculated by dividing the number of SCSEP participants placed in unsubsidized employment by the number of each grantee's authorized community service positions. Consistent with the OAA Amendments, placement may be in either full- or part-time employment. A placement requires 30 days of employment, not necessarily continuous, with one or more employers within the first 90 days of exit. Each day that a participant is on the payroll of an employer counts towards the 30-day requirement, regardless of whether the participant actually performs services on that day. Thus a participant who exits SCSEP for unsubsidized employment on June 1 and remains employed with the same employer through June 30 has achieved a placement.

Historically, the goal of SCSEP grantees has been to achieve a 20 percent Placement Rate. Beginning in PY 2004, Section 513(a)(2)(C) of the OAA Amendments requires the Employment and Training Administration (ETA) to establish a formal performance measure of *not less than 20 percent* placement. During Program Year 2002 (the last program year for which we have complete data), most SCSEP grantees performed well against this standard; and four grantees attained a placement rate of over 50 percent. The aggregate Placement Rate was just under 35 percent.

The Government Performance and Results Act (GPRA) requires Federal agencies to prepare an annual plan detailing performance targets that will show improvement over time. ETA's Performance Plan for 2004 includes the goal of increasing employment opportunities for senior citizens participating in SCSEP. The plan sets a SCSEP Placement Rate of 35 percent for PY 2004. This is an aggregate goal and applies to the program as a whole, not to each individual grantee. Each grantee's performance, however, affects the total goal achievement.

ETA will negotiate with both state and national grantees to set performance standards for unsubsidized placements. Grantees will be encouraged to increase unsubsidized Placement Rates so that the program can achieve its current overall GPRA goal of 35 percent. Performance will be monitored throughout the year using the quarterly reports.

*(b) Service Level*

The Service Level is defined as the number of a grantee's participants divided by the number of the grantee's authorized positions. The Department will maintain the current program requirement for state and national grantees to serve a total number of eligible individuals that is at least 140 percent of the number of authorized community service positions. This is comparable to the GPRA goal for the program. In addition to this measure's legislative basis in section 513(b)(1) of the OAA Amendments, the ability to serve greater numbers of eligible participants is cited in section 514(c)(1) as a criterion to obtain a competitive SCSEP grant.

Most SCSEP grantees should have no difficulty meeting the 140 percent performance requirement. During Program Year 2002 (the last program year for which we have complete data), over two-thirds of grantees exceeded this goal, and the aggregate service level was 174 percent. The Department intends to negotiate individual goals for this measure beginning with PY 2005.

*(c) Service to Most-in-Need*

Persons who are "most-in-need" are defined in section 641.710 as those who:

- (i) Have an income level at or below the poverty line; (OAA sec. 101(27))
- (ii) Have physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of the individual to perform normal daily tasks, or threatens the capacity of the individual to live independently; or (OAA sec. 101(28))
- (iii) Have poor employment history or prospects; and
- (iv) Are over the age of 60.

“Poor employment prospects” as defined in section 641.102 means “the likelihood that an individual will not obtain employment without the assistance of SCSEP or any other workforce development program. Persons with poor employment prospects include, but are not limited to, those without a substantial employment history, basic skills, and/or English-language proficiency; displaced homemakers, school dropouts, persons with disabilities, including disabled veterans, homeless individuals, and individuals residing in socially and economically isolated rural or urban areas where employment opportunities are limited.”

The Department has determined that Service to Most-in-Need will reflect the percentage of total participants who are at least 60 years old and who meet at least one additional criterion from the following: an income at or below the poverty level; physical or mental disabilities; language barriers (Limited English Proficiency (LEP) or literacy); cultural social or geographical isolation; poor employment history or prospects (for example, displaced homemakers); or other social barriers.

*(d) Community Service*

In addition to the goal of placement in unsubsidized employment, an equally important goal of the Title V program is to benefit communities through community service assignments. The Community Service measure provides a tracking method with respect to accomplishments in meeting the community benefit goal.

Several alternative ways of measuring community service were considered during the consultation process, including a review of accomplishments (“SCSEP participants helped more than 750 children to read over the past year”), hours of community service provided (“SCSEP mentors provided more than 6000 hours of tutoring”), and value added to the community expressed as a dollar figure (e.g., multiplying the hours of service by an appropriate wage level). The Department also considered measuring community service with additional questions on the survey of host agencies designed to ascertain the quantity, quality, and value of community services provided. Although additional questions about community service will be asked on the survey, they will not be used for the purpose of measuring community service.

After much deliberation, the Department decided to measure Community Service by obtaining information on the number of hours of community service provided in a number of defined areas, including those mentioned at section 516(1) of the OAA Amendments: “social, health, welfare, and educational services (including literacy tutoring), legal and other counseling services and assistance, including tax counseling and assistance and financial counseling, and library, recreational, and other similar services; conservation, maintenance, or restoration of natural resources; community betterment or beautification; antipollution and environmental quality efforts; weatherization activities; economic development; and such other services essential and necessary to the community as the Secretary, by regulation, may prescribe.”

The total number of community service hours worked by all participants will be compared to the grantee’s community service goal expressed in hours.

*(e) Retention Rate*

Section 513(b)(3) of the OAA Amendments requires performance indicators to include “placement into and retention in unsubsidized public or private employment.” The Department decided to treat these two outcomes separately. The OAA Amendments define “retention in public or private unsubsidized employment” in section 513(c)(2)(B) as: “full- or part-time paid employment in the public or private sector by an enrollee under this title for 6 months after the starting date of placement into unsubsidized employment without the use of funds under this title or any other Federal or state employment subsidy program.” The Department plans to measure retention at six months by determining which participants who have been placed into unsubsidized employment are employed by any employer on the 180<sup>th</sup> day after first starting unsubsidized employment with any employer.

*(f) Customer Satisfaction for Employers, Participants, and Host Agencies*

Section 513(b)(4) of the OAA Amendments states that indicators of SCSEP performance must include satisfaction of the participants, employers, and host agencies with their experience with SCSEP. The Department interprets this provision as requiring three separate and distinct measures of Customer Satisfaction – a customer satisfaction measure for participants, a measure for employers, and a measure for host agencies. These three groups vary in size, focus, and expectations. Measuring them separately will give equal weight to the needs of each group and ensure that program operators are attending to their diverse needs.

Beginning in PY 2004, Customer Satisfaction for all three groups will be surveyed using the American Customer Satisfaction Index (ACSI). The Division of Older Worker Programs will obtain a license from the University of Michigan, which developed the ACSI and maintains a database of survey results, for the use of this index. This widely used instrument captures customer satisfaction information that can be aggregated and compared at different levels. It is also employed extensively in the private sector and in many other countries. The ACSI will allow SCSEP to look at its own performance and also to benchmark its performance against other entities within and outside of the employment and training system. The ACSI also has a history of usefulness in tracking change over time, making it an ideal way to gauge progress in continuously improving performance – one of the essential tenets of the OAA Amendments.

The Department will select samples of the participant and host agency populations for each grantee. National grantees will also have samples selected for each State in which they operate. The samples will be large enough to collect statistically valid results for each State grantee and for each national grantee organization. These surveys will be mailed centrally once each year. For the employer customer satisfaction survey, sub-grantees will deliver a survey form to every qualified employer at a mandatory follow-up interview within 90 days after a placement. Sub-grantees will be responsible for distributing written survey instruments and using a methodology established by the Department to ensure uniformity. For all three surveys, the targeted reply rate is 70%. Grantees are required to deliver as many as three surveys to each potential respondent in

order to reach the 70% mark. The completed surveys will be sent to a central collection point for collation and analysis by a contractor selected by the Department.

The ACSI survey uses a set of three required questions. The responses to these questions are then used to form a customer satisfaction "index." The questions are:

(1) Using a scale of 1 to 10 where "1" means "Very Dissatisfied" and "10" means "Very Satisfied" what is your overall satisfaction with the services provided by \_\_\_\_\_?

(2) Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? "1" now means "Falls Short of Your Expectations" and "10" means "Exceeds Your Expectations"

(3) Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? "1" now means "Not Very Close to the Ideal" and "10" means "Very Close to the Ideal."

The ACSI score is obtained by combining scores from these three specific questions that address different dimensions of customers' experiences. In order for the ACSI survey to yield meaningful results under the prescribed methodology, the survey questions cannot be modified in any significant way. Only the ACSI score will be used to determine a grantee's performance on this measure. However, the Department will be adding additional questions, beyond those required for the ACSI, to inform grantees and the national office of customers' evaluations of the services they have received. Our research has established that adding more questions will not decrease the number of responses.

*(g) Earnings Increase*

The Department has elected to add Earnings Increase to the measures mandated by OAA legislation. Earnings Increase is one of the Common Measures that were developed in a Government-wide initiative and adopted by the Department for most DOL-funded employment and job training programs. The purpose of the Common Measures initiative is to obtain comparable performance information on a variety of Federal programs that have similar goals and operations. The Common Measures apply to 29 separate programs administered by the Departments of Labor, Education, Veterans Affairs, Health and Human Services, Interior, and Housing and Urban Development. For job training and employment programs that serve adults, there are four Common Measures:

- (1) Entered Employment Rate
- (2) Retention in Employment
- (3) Earnings Increase
- (4) Program Efficiency (cost per participant)

Although only Earnings Increase is being adopted as a sanctionable measure, the Department will also collect data on the other measures listed above. (The last measure, program efficiency, applies to the aggregate results of the entire program and not to individual grantees.) OMB will evaluate the overall effectiveness of SCSEP based on these measures and will require that data be collected to support these additional measures. It should be noted that the Retention, Earnings Increase, and Program

Efficiency measures are new to SCSEP; and the Entered Employment Rate is calculated by a different methodology from the one that SCSEP grantees are using to calculate “placement into unsubsidized public or private employment” – the SCSEP Placement Rate.

Because SCSEP has statutorily-defined measures for placement and retention, Common Measures Entered Employment Rate and Retention Rate will be non-sanctionable reporting requirements under SCSEP. Measure 4, Program Efficiency, will be calculated by ETA by dividing the appropriation level by the number of participants reported to have been served.

The Department of Labor has used its discretionary authority, specified in OAA Amendments, section 513(b)(5), to specify Earnings Increase as a required performance indicator for SCSEP in 2004. Earnings Increase has two separate components:

(a) Earnings Increase 1 (“pre-post”) is defined as follows: “Of those who are employed in the 1st quarter after program exit, earnings in the first quarter after exit minus earnings in the quarter prior to the date of participation divided by earnings in the quarter prior to the date of participation.”

(b) Earnings Increase 2 (“post-post”) is defined as follows: “Of those who are employed in the 1st quarter after exit, earnings in the third quarter after exit minus earnings in the first quarter after exit divided by earnings in the first quarter after exit.”

More information about the Common Measures for adult programs may be found in Attachment B.

**6. SETTING PERFORMANCE LEVELS AND MAKING ADJUSTMENTS.** Performance levels (or standards) for the first six performance measures will be set by July 1, 2005, for every State grantee and national grantee organization. Our plan is to base the performance levels for each of these indicators on data to be collected by the SCSEP system in PY 2004. Baseline data on the earnings increase measure will be collected during PY 2004 and PY 2005, and the performance levels for this measure will be effective on July 1, 2006. As explained in Section 7 below, grantees are expected to meet at least 80 percent of their negotiated performance level for each measure and for all measures combined.

In responding to comments on the proposed regulations questioning the fairness of holding all grantees to the same standard, the Department replied as follows: “The Department believes that it is equitable to apply the same standards for passing or failing performance measures to all grantees. The fact that the levels of performance are negotiable simply assures that each grantee's circumstances will be taken into account in setting performance levels and promotes continuous improvement. Performance levels may be adjusted if the factors listed in section 513(a)(2)(B) exist. The Department believes that this system is fair to all grantees and that it is equitable to apply the same pass/fail standards to each grantee. The Department disagrees that significant numbers of grantees will fail their performance measures and intends to provide all technical assistance that grantees may need.”



Adjustments to the performance levels will be allowed based on three criteria that are described in the OAA Amendments at section 513(a)(2)(B):

- (1) High rates of unemployment, poverty, or welfare reciprocity in the areas served by a grantee, relative to other areas of the state or nation.
- (2) Significant downturns in the areas served by the grantee or in the national economy.
- (3) Significant numbers or proportions of enrollees with one or more barriers to employment served by a grantee relative to grantees serving other areas of the state or Nation.

These conditions represent three distinct sets of circumstances that may affect performance. In order to address their individual impact, they will be treated separately when considering adjustments. The responsibility for demonstrating that the conditions will affect or have affected performance will rest with the grantees, which may request that the Department review pertinent documentation substantiating the need for adjustments to one or more performance standards. Substantial variation on one or more of the above criteria must be demonstrated for a performance adjustment in any or all of the measures to be considered.

Adjustments may be requested for all of the performance standards. Although the customer satisfaction and community service measures are only indirectly affected by the adjustment conditions, the Department will entertain proposed changes from established baselines for these measures as well.

Grantees may make such requests for adjustment as part of the negotiation of their grants; or, if there are major changes in the economic situation or the characteristics of participants in an area served by a grantee during the grant period, changes may be requested when the major changes occur. The Department will make decisions on a case-by-case basis, depending on the severity of the variance from the baseline conditions, using the framework described above. In considering adjustments, the Department will consider both the need to meet national goals as well as individual grantee circumstances.

**7. MEETING OR FAILING PERFORMANCE LEVELS.** The OAA Amendments create an enhanced performance accountability system for all SCSEP grantees, one in which higher expectations are placed on state and national grantees, as well as their respective sub-grantees. It is a system with serious consequences for continued failure to meet performance expectations.

After considering a number of alternatives, the Department's policy on the imposition of sanctions will involve all seven of the measures: Service Level, Service to Most-in-Need, Placement Rate, Community Service, Earnings Increase, and Retention Rate, and Customer Satisfaction. Until the Department establishes baseline levels for customer satisfaction measures, grantees that only fail the customer satisfaction performance measure, but meet or exceed all other performance measures, will not be subject to sanctions. The Department will provide additional instructions for how it will determine performance levels for each individual measure and for all seven measures combined.

The OAA Amendments require the Department to determine whether a grantee has met its performance measures overall (i.e., in the aggregate). The Department will annually assess the

performance of each grantee no later than 120 days after the end of a Program Year to determine if any grantee has failed to meet its negotiated levels of performance. (OAA sec. 514(e)(1)). If the combined score for all measures is between 80 and 100 percent of the target levels, the grantee is meeting its performance goals. Grantees with a combined score above 100 percent are exceeding on the performance measures.

If, for a program year, the Department determines that a grantee has failed to meet its negotiated level of performance for an individual measure only, but has met its overall performance goal, the Department will provide technical assistance related to the performance issue. (OAA sec. 514(e)(2)(A)-(e)(2)(B)).

National grantees that fall below 80 percent of their overall performance goal are considered to have failed to meet negotiated levels of performance and, thus, are subject to the sanctions outlined in section 514(e)(2) of the OAA Amendments.

- (a) If a grantee fails to meet the national performance measures for a program year, the Department will provide technical assistance and require the grantee to submit a corrective action plan not later than 160 days after the end of the program year.
- (b) If the grantee fails to meet the national performance measures for a second consecutive program year, the Department will conduct a national competition to award an amount equal to 25 percent of that grantee's current year funds for the first full program year following the determination.
- (c) If the grantee fails to meet the national performance measures for a third consecutive program year, the Department will conduct a national competition to award the remaining amount of the grant for the first full program year following the determination.

State grantees that fall below 80 percent are also considered to have failed to meet negotiated levels of performance and, thus, are subject to the sanctions outlined in section 514(f) of the OAA Amendments.

- (a) If a state grantee fails to meet the performance measures for a program year, the Department will provide technical assistance and require the state to submit a corrective action plan not later than 160 days after the end of the program year.
- (b) If the state fails to meet the performance measures for a second consecutive program year, the Department will require the state to conduct a competition to award an amount equal to 25 percent of that grantee's current year funds for the first full program year following the determination.
- (c) If the state fails to meet the performance measures for a third consecutive program year, the Department will require the state to conduct a competition to award the remaining amount of the grant for the first full program year following the determination.

National grantees within states are required to meet the state negotiated levels of performance in addition to their national negotiated levels, or are subject to sanctions outlined in section 514(e)(3) of the OAA Amendments.

- (a) If a grantee fails to meet the state performance measures for a program year, the Department will require a corrective action plan, and may require the transfer of the

responsibility for the project to other grantees, provide technical assistance, and take other appropriate actions.

(b) If the grantee fails to meet the state performance measures for a second consecutive program year, actions by the Department may include the transfer of the responsibility for a portion or all of the project to a state or public or private nonprofit agency or organization, or a competition for a portion or all of the funds to carry out the project among all other eligible entities.

(c) If the grantee fails to meet the state performance measures for a third consecutive program year, the Department will conduct a competition for the funds to carry out the project among all other eligible entities.

The approach outlined above aligns SCSEP with WIA and ensures that low performance on any single indicator has full weight when assessing overall performance. In addition to its national performance requirements, a national grantee serving in a state is obligated by section 514(e)(3)(A) of the OAA to meet 80 percent of the negotiated levels established for the state in which it serves.

**8. INCENTIVES FOR EXCEEDING PERFORMANCE LEVELS.** The Department recognizes the need to reward exceptional performance in addition to sanctioning inadequate performance. As explained above, grantees with a combined score above 100 percent are exceeding on the performance measures. The Department is developing a system of financial and non-financial incentives for exceeding expected levels of performance, and these will be issued through separate guidance at a later date.

**9. IMPLEMENTATION OF NEW PERFORMANCE MEASURES AND REPORTING REQUIREMENTS.** The revised SCSEP performance measures and reporting requirements are effective July 1, 2004. Grantees are required to use the new forms for all applicants starting July 1, 2004. They are also required to use the forms to track all participants who exit on or after July 1, 2004. Grantees must also use the new forms to convert the records of all participants who are active in the program, i.e., have been assigned to community service, as of July 1, 2004. Grantees are not required to use the forms for any applicants who exited the program on or before June 30, 2004. The dates for transmission of PY 2004 QPR data are as follows:

<b>Report</b>	<b>Due Date</b>
First Quarterly Progress Report	October 31, 2004
Second Quarterly Progress Report	January 31, 2005
Third Quarterly Progress Report	April 30, 2005
Fourth Quarterly Progress Report	July 31, 2005
Final QPR	September 30, 2005

The Department will undertake a significant training and technical assistance effort to help grantees understand the new accountability provisions and how they have been translated through this new framework for performance and reporting.

**10. PRIVACY STATEMENT.** 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 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 attached template (Appendix F) that grantees may use to craft their own statements for use on-site. This statement should be signed, and a copy provided to all participants upon enrollment.

**11. INQUIRIES.** Questions concerning this bulletin should be directed to Ria Moore Benedict, Chief, Division of Older Worker Programs, at (202) 693-3198; or FAX to (202) 693-3817.

Ria Moore Benedict  
Chief, Division of Older Worker Programs  
Frances Perkins Building, Room S-4209  
200 Constitution Avenue, NW  
Washington, DC 20210

**12. APPENDICES:**

Appendix A: SCSEP Performance Measures for Program Year 2004

Appendix B: Common Measures at a Glance

Appendix C: SCSEP Reporting System Data Collection Forms

Appendix D: SCSEP Customer Satisfaction Survey Instruments

Appendix E: SCSEP Quarterly Progress Report Form

Appendix F: SCSEP Privacy Statement Template

**Appendix A:  
SCSEP Performance Measures for Program Year 2004**

**Senior Community Service Employment Program  
2004 Performance Measures**

SCSEP Performance Measure and Source	SCSEP Performance Definition
Placement Rate (OAA Amendments)	The number of participants during the reporting period who were placed in either part-time or full-time unsubsidized employment divided by the number of grantee authorized positions
Service Level (OAA Amendments)	The count of participants during the reporting period divided by the total number of authorized positions
Service to Most-in-Need (OAA Amendments)	The number of participants during the reporting period who are at least 60 years old and who meet at least one additional criterion from the following: an income at or below the poverty level; physical or mental disabilities; language barriers (LEP or literacy); cultural social or geographical isolation; poor employment history or prospects (for example, displaced homemakers); or other social barriers divided by the number of participants
Community Service Provided (OAA Amendments)	The total number of hours of community service provided by participants during the reporting period divided by the number of hours stated in the community service goal
Employment Retention (OAA Amendments)	The number of participants employed 6 months after entry into unsubsidized employment divided by the number who entered employment (measure is taken on the 180th day after employment) divided by the number of participants placed in employment
Customer Satisfaction for Employers (OAA Amendments)	The sum of all American Customer Satisfaction Index (ACSI) employer scores divided by the number of employers with completed surveys
Customer Satisfaction for Participants (OAA Amendments)	The sum of all American Customer Satisfaction Index (ACSI) participant scores divided by the number of participants with completed surveys
Customer Satisfaction for Host Agencies (OAA Amendments)	The sum of all ACSI host agency scores divided by the number of host agencies with completed surveys
Earnings Increase 1 -- Pre-Post (Common Measures)	Of those who are employed in the 1st quarter after program exit, earnings in the first quarter after exit minus earnings in the quarter prior to registration divided by earnings in the quarter prior to registration
Earnings Increase 2 -- Post-Post (Common Measures)	Of those who are employed in the 1st quarter after program exit, earnings in the third quarter after exit minus earnings in the first quarter after exit divided by earnings in the first quarter after exit
Program Efficiency (Common Measures)	Cost per participant -- appropriation level divided by the number of participants

**Appendix B:**  
**Common Measures at a Glance**

## Common Measures at a Glance

### ADULT MEASURES

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#### Entered Employment

*Of those who are not employed  
at the date of participation:*

# of participants who are employed  
in the first quarter (qtr) after exit

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# of participants who exit during the qtr

#### Retention

*Of those who are employed in the first qtr after  
exit:*

# of participants who are employed in  
both the second and third qtrs after exit

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# of participants who exit during the qtr

#### Earnings Increase

*Of those who are employed in the first qtr after  
exit:*

Earnings in the first qtr after exit minus  
earnings in the qtr prior to the date of  
participation

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Earnings in the qtr prior to the date of  
participation

- and -

*Of those who are employed in the first qtr after  
exit:*

Earnings in the third qtr after exit  
minus earnings in the first qtr after exit

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Earnings in the first qtr after exit

#### Efficiency

Program appropriation level

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# of program participants

### YOUTH MEASURES

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#### Placement in Employment or Education

*Of those who are not in post-secondary  
education, employment, or the military  
at the date of participation:*

# of participants who are in employment or  
the military or enrolled in post-secondary  
education and/or advanced  
training/occupational skills training in the first  
qtr after exit

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# of participants who exit during the qtr

#### Attainment of a Degree or Certificate

*Of those enrolled in education (at the date of  
participation or at any point during the  
program):*

# of participants who attain a diploma, GED,  
or certificate by the end of the third qtr after  
exit

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# of participants who exit during the quarter

#### Literacy and Numeracy Gains

*Of those who are basic skills deficient:*

# of participants who increase one  
or more educational functioning levels

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# of participants who have completed a year in  
the program (i.e., one year from the date of  
program participation) plus the # of  
participants who exit before completing a year  
in the program

#### Efficiency

Program appropriation level

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# of program participants



**Appendix C:  
SCSEP Reporting System Data Collection Forms**

**SCSEP Participant Form**

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

Sub-grantee \_\_\_\_\_ Local Site \_\_\_\_\_ Case Worker \_\_\_\_\_

**Participant Information**

1. \*Last name \_\_\_\_\_ 2. \* First name \_\_\_\_\_

3. \*Middle initial \_\_\_\_\_ 4. Social Security # \_\_\_\_\_

5. \*Home phone number (\_\_\_\_) \_\_\_\_\_

6. \*Mailing address

a. Number and Street, Apt. Number; or PO Box

b. City

c. County

d. State

e. ZIP Code

7. \*State of residence if different from mailing address \_\_\_\_\_

8. \*Homeless  Yes  No 8a. \*Urban/rural  Urban  Rural

9. \*Application date \_\_\_\_\_(MM/DD/YYYY)

**Eligibility Information**

10. \*Date of birth \_\_\_\_\_(MM/DD/YYYY) 11. \*Number in family \_\_\_\_\_

12. \*Receiving public assistance? (Check as many as apply)

- a. No
- b. Supplemental Security Income (SSI)
- c. TANF
- d. State or local welfare (General Assistance)
- e. Food Stamps
- f. Subsidized housing
- g. Social Security Disability (SSDI)
- h. Other (specify) \_\_\_\_\_

13. Employed prior to participation?

- 1. Employed
- 2. Employed, but with notice of termination
- 3. Not employed

14. Family income

- a. Total participant wages for quarter before participation \$ \_\_\_\_\_
- b. Total includable family income for last six months, annualized \$ \_\_\_\_\_
- c. \*Total includable family income for last 12 months \$ \_\_\_\_\_

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ETA-9120

(June 2004)

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## SCSEP Participant Form

15. \*Family income at or below 100% of poverty level?  Yes  No

16. \*Formerly a participant in any SCSEP project?  Yes  No

16a. \*Transferred from another project?  Yes  No

If yes, specify grantee code \_\_\_\_\_

17. Date of most recent recertification \_\_\_\_\_ (MM/DD/YYYY)

### Other Personal Characteristics and Information

18. \*Gender  Male  Female  Did not voluntarily report

19. \*Ethnicity: Hispanic, Latino, or Spanish origin?

Yes  No  Did not voluntarily report

20. \*Race (Check as many as apply)

a. American Indian or Alaskan Native

b. Asian

c. Black, African American

d. Native Hawaiian/Pacific Islander

e. White

f. Did not voluntarily report

21. Education \_\_\_\_\_ last grade completed (Select one code from following list)

00=no grade school

88=GED or certificate of equivalency for HS

18=master's degree

1-11 years of school

13-15 years of school completed (1-3 years of college)

19=doctoral degree

A11=completed 12 years of school but no HS diploma

16=BA/BS or equivalent

21=vocational/technical degree

12=HS diploma

17=education beyond a bachelor's degree

22=associate's degree

22. Limited English Proficiency (LEP)  Yes  No

23. If LEP, please specify primary language \_\_\_\_\_ (Select one code from following list)

10. Amharic

20. Hebrew

30. Mon-Khmer (Cambodian)

40. Spanish

11. Arabic

21. Hindi

31. Navajo

41. Tagalog

12. Armenian

22. Miao (Hmong)

32. Persian (including Dari)

42. Thai

13. Bosnian

23. Italian

33. Polish

43. Urdu

14. Cantonese (Yue)

24. Hungarian

34. Portuguese

44. Vietnamese

15. French

25. Ilocano

35. Punjabi

45. Yiddish

16. French Creole

26. Japanese

36. Russian

46. Other \_\_\_\_\_

17. German

27. Korean

37. Samoan

18. Greek

28. Laotian

38. Serbo-Croatian

19. Gujarathi

29. Mandarin

39. Somali

24. Literacy skills deficient?  Yes  No

## SCSEP Participant Form

25. Veteran (or spouse of veteran)?

1. Veteran, 180 days or less

2. Veteran, more than 180 days

3. Spouse of veteran

4. None of above

26. \*Disability?  Yes  No  Did not voluntarily report

27. Cultural, social, or geographic isolation?  Yes  No

28. Displaced homemaker?  Yes  No

29. Other social barriers?  Yes  No

If yes, specify \_\_\_\_\_

30. Poor employment history or prospects?  Yes  No

31. Personal characteristics comments

### *Certification*

***I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.***

32. \*Signature of applicant \_\_\_\_\_

33. \*Date of signing \_\_\_\_\_ (MM/DD/YYYY)

# SCSEP Participant Form

## Eligibility Determination

34. \*  Eligible       Ineligible

35. \*If ineligible, reason (Check as many as apply)

- a. Age       b. Income       c. Residence outside of state  
 d. Failed to complete application or provide required documentation  
 e. Other (specify) \_\_\_\_\_

36. \*If ineligible, action taken (Check as many as apply)

- a. Referred to One-Stop       b. Referred to social services  
 c. Referred to another project  
 d. Placed in unsubsidized employment pursuant to MOU  
 e. Other (specify) \_\_\_\_\_

## Enrollment Information

37. Placed on waiting list?       Yes       No

38. Community service assignment?       Yes       No

39. Grantee name \_\_\_\_\_

40. Co-enrollments? (Check as many as apply)

- a. WIA       b. Employment Service       c. Adult Education  
 d. College/Community College  
 e. Section 502(e) with this project  
 f. Section 502(e) with another project \_\_\_\_\_ (specify grantee code)  
 g. Other (specify) \_\_\_\_\_  
 h. None

41. Enrollment comments

42. \*Signature of director or authorized representative \_\_\_\_\_

43. \*Date of eligibility determination \_\_\_\_\_ (MM/DD/YYYY)

# **SCSEP Participant Form**

## **Other Case Management Information**

**SCSEP Community Service  
Assignment Form**

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

1. Name of participant \_\_\_\_\_ 2. S.S. # \_\_\_\_\_

3. Grantee \_\_\_\_\_

**Host Agency Information**

4. Name of host agency \_\_\_\_\_

5. Host agency mailing address

\_\_\_\_\_

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

\_\_\_\_\_

b. City

\_\_\_\_\_

c. State

\_\_\_\_\_

d. Zip code

6. FEIN \_\_\_\_\_

7. Host agency type:  a. Private not-for profit  b. Government

**Contact Information**

8. Host agency site name and location \_\_\_\_\_

9. Name of contact person \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

b. City

\_\_\_\_\_

c. State

\_\_\_\_\_

d. Zip Code

11. Contact person's title \_\_\_\_\_

12. Contact person's phone number \_\_\_\_\_

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ETA-9121  
(June 2004)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040, expiring 06/30/2007. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average five (5) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden; send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

# SCSEP Community Service Assignment Form

## Assignment Information

13. Assignment date \_\_\_\_\_ (MM/DD/YYYY)

14. Start assignment date \_\_\_\_\_ (MM/DD/YYYY)

15. End date \_\_\_\_\_ (MM/DD/YYYY)

16. Starting wage (per hour) \$ \_\_\_\_\_

17. Community service assignment code \_\_\_\_\_ (Select only one code from following list)

Service to the general community includes the following activities:

- |                                    |                                  |                          |
|------------------------------------|----------------------------------|--------------------------|
| 1. Education                       | 6. Environmental Quality         | 11. Counseling           |
| 2. Health and Hospitals            | 7. Public Works & Transportation | 12. Conservation         |
| 3. Housing and Home Rehabilitation | 8. Social Services               | 13. Community Betterment |
| 4. Employment Assistance           | 9. Legal                         | 14. Other _____          |
| 5. Recreation, Parks, and Forests  | 10. Financial                    | _____                    |

Service to the elderly community includes the following activities:

- |                                     |                        |                          |
|-------------------------------------|------------------------|--------------------------|
| 15. Project Administration          | 20. Nutrition Programs | 25. Counseling           |
| 16. Health and Home Care            | 21. Transportation     | 26. Conservation         |
| 17. Housing and Home Rehabilitation | 22. Outreach/Referral  | 27. Community Betterment |
| 18. Employment Assistance           | 23. Legal              | 28. Other _____          |
| 19. Recreation/Senior Centers       | 24. Financial          | _____                    |

18. Community service assignment title \_\_\_\_\_

19. Total hours paid in quarter

Quarter 1 \_\_\_\_\_

Quarter 3 \_\_\_\_\_

Quarter 2 \_\_\_\_\_

Quarter 4 \_\_\_\_\_

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

- a. General training  
 b. Specialized training  
 e. None

- c. On-the job-experience (OJE)  
 d. Other (specify) \_\_\_\_\_

21. Total hours of paid training received in quarter

Quarter 1 \_\_\_\_\_

Quarter 3 \_\_\_\_\_

Quarter 2 \_\_\_\_\_

Quarter 4 \_\_\_\_\_

22. Community service assignment comments



**SCSEP Unsubsidized Employment Form**

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

1. Name of participant \_\_\_\_\_ 2. S.S. # \_\_\_\_\_

**Employer Information**

3. Name of employer \_\_\_\_\_

4. Employer mailing address

\_\_\_\_\_ a. Number and street, suite number; and/or PO Box

\_\_\_\_\_ b. City

\_\_\_\_\_ c. State

\_\_\_\_\_ d. ZIP code

5. \*FEIN \_\_\_\_\_

6. \*Employer type

- a. Private not-for-profit
- b. Private for-profit
- c. Government
- d. Self-employment

7. Is employer a host agency?  Yes  No

8. Did employer provide a Section 502(e) or OJE training site for this participant?

- Yes, Section 502(e)
- Yes, OJE
- No

**Contact Information**

9. Employment site name and location \_\_\_\_\_

10. Name of contact person \_\_\_\_\_

11. Contact person's mailing address if different from number 4

\_\_\_\_\_ a. Number and Street, Suite Number; and/or PO Box

\_\_\_\_\_ b. City

\_\_\_\_\_ c. State

\_\_\_\_\_ d. ZIP Code

Authorized for Local Reproduction

ETA-9122  
(June 2004)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040, expiring 06/30/2007. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average eleven (11) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden; send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

## SCSEP Unsubsidized Employment Form

12. Contact person's title \_\_\_\_\_

13. Contact person's phone number \_\_\_\_\_

### Placement Information

14. Start date \_\_\_\_\_ (MM/DD/YYYY)

15. \*End date \_\_\_\_\_ (MM/DD/YYYY)

16. \*Starting wage per hour \$ \_\_\_\_\_

17. \*Benefits (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> a. Health insurance       | <input type="checkbox"/> d. Vacation       | <input type="checkbox"/> g. Other _____ (specify) |
| <input type="checkbox"/> b. Sick leave             | <input type="checkbox"/> e. Transportation | <input type="checkbox"/> h. None                  |
| <input type="checkbox"/> c. Pension/profit sharing | <input type="checkbox"/> f. Room and board |   |

18. \*At time of placement, is employment expected to be full- or part-time?

- Full-time       Part-time

If part-time, number of hours per week expected \_\_\_\_\_

19. \*Job title \_\_\_\_\_

20. \*Training-related placement?  Yes       No

21. Was placement the result of a substantial service provided to the employer by the sub-grantee?  Yes       No

22. Unsubsidized employment comments

### Customer Service Survey Information

23. CS survey number 1 \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)

24. CS survey number 2 \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)

25. CS survey number 3 \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)

# SCSEP Unsubsidized Employment Form

## Follow-up Information

### 26. Follow-up 1

- a. Scheduled date \_\_\_\_\_ (MM/DD/YYYY)  
b. Actual 30-day date: \_\_\_\_\_ (MM/DD/YYYY)  
c. Completed date \_\_\_\_\_ (MM/DD/YYYY)  
d. Employed for 30 days?  
 Yes     No, remains exited     No, returned to program  
 Unable to obtain information     Excluded  
e. Customer service survey delivered?     Yes     No  
f. Customer service survey completed?     Yes     No

27. 90-day date \_\_\_\_\_ (MM/DD/YYYY)

28. Has the participant received any services from SCSEP within the first 90 days after exit?  
 Yes     No

### 29. Follow-up 2

- a. Scheduled date \_\_\_\_\_ (MM/DD/YYYY)  
b. Completed date \_\_\_\_\_ (MM/DD/YYYY)  
c. Any wages for first quarter after exit? Please also indicate method of verification  
i.  No wages  
ii.  Yes, in-state UI records only  
iii.  Yes, out-of-state UI records (WRIS) only  
iv.  Yes, both in- and out-of-state UI records  
v.  Yes, other administrative records  
vi.  Yes, supplemental through case management, participant survey, and/or verification with the employer  
vii.  Unable to obtain information  
viii.  Excluded  
d. If yes, earnings for first quarter after exit \$ \_\_\_\_\_  
e. Employed on 180th day after placement?     Yes     No

### 30. Follow-up 3

- a. Scheduled date \_\_\_\_\_ (MM/DD/YYYY)  
b. Completed date \_\_\_\_\_ (MM/DD/YYYY)  
c. Any wages for second quarter after exit?     Yes     No  
d. Any wages for third quarter after exit? Please also indicate method of verification  
i.  No wages  
ii.  Yes, in-state UI records only  
iii.  Yes, out-of-state UI records (WRIS) only  
iv.  Yes, both in- and out-of-state UI records  
v.  Yes, other administrative records  
vi.  Yes, supplemental through case management, participant survey, and/or verification with the employer  
vii.  Unable to obtain information  
viii.  Excluded  
e. If yes, earnings for third quarter after exit \$ \_\_\_\_\_

**SCSEP Exit Form**

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

1. Name of participant \_\_\_\_\_ 2. S.S. # \_\_\_\_\_

3. Participant mailing address (if changed)

\_\_\_\_\_ a. Number and Street, Apt. Number; or PO Box

\_\_\_\_\_ b. City

\_\_\_\_\_ c. County

\_\_\_\_\_ d. State

\_\_\_\_\_ e. ZIP Code

4. Phone number of participant (if changed) \_\_\_\_\_

5. Exit due to unsubsidized placement?

1.  Yes, regular employment     2. Yes, self-employment     3. No

6. If exit is not due to unsubsidized employment, other reason for exit (Select one only)

a. Moved from area

b. For cause

c. Voluntary

d. Non-income eligible

e. Transferred to another project (specify grantee code) \_\_\_\_\_

f. Other (specify) \_\_\_\_\_

g. Deceased

h. Health/medical

i. Family care

j. Institutionalized

k. Withdrew from waiting list

7. Date of exit \_\_\_\_\_ (MM/DD/YYYY)

***Waiver of Confidentiality***

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
*[name of participant]* *[name of employer]*

to release to \_\_\_\_\_ information regarding my employment status  
*[name of sub-grantee]*

and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.

8. Signature of participant \_\_\_\_\_ 9. Date of signing \_\_\_\_\_  
(MM/DD/YYYY)

10. Exit comments

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ETA-9123  
(June 2004)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040, expiring 06/30/2007. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average two (2) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden; send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

**Appendix D:  
SCSEP Customer Satisfaction Survey Instruments**

**SCSEP Host Agency  
Customer Satisfaction Survey**

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

**HOST AGENCY CUSTOMERS**

The Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP), wants to provide the highest quality services to its customers. You can help improve services by answering the following questions. Please be completely honest. Your answers are strictly confidential. No one in the agency will see your individual responses. Unless directed otherwise, please answer based on your most recent experience with the Older Worker Program.

Choose the number on the scale below each question that best represents your opinion. Thank you in advance for your help.

1. Utilizing the scale of 1 to 10 below, what is your overall satisfaction with the services provided by the Older Worker Program? (Choose one number)

Very dissatisfied 1 2 3 4 5 6 7 8 9 10 Very satisfied Didn't receive 90

2. Considering all of the expectations you may have had about the services of the Older Worker Program, to what extent have the services met your expectations? (Choose one number)

Falls short 1 2 3 4 5 6 7 8 9 10 Exceeds Didn't receive 90

3. Now, think about the ideal services for people in your circumstances. How well do you think the services you received compare with the ideal services? (Choose one number)

Not at all close 1 2 3 4 5 6 7 8 9 10 Very close Didn't receive 90

4. The Older Worker Program staff gave me all the information I needed to understand the Older Worker Program. (Choose one number)

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree Not applicable 90

5. The Older Worker Program staff made the community service assignment process easy for me to use. (Choose one number)

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree Don't know 90

**Please continue on other side** 

ETA-9124 – Part B  
(June 2004)

Your responses are confidential, and we appreciate your time and assistance. This voluntary information has been approved by the Office of Management and Budget under OMB approval number 1205-0040, expiring 06/30/2007. Without this approval, we would not be able to conduct this survey. The time needed to complete the survey is estimated to average ten (10) minutes. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden, please send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, 200 Constitution Avenue, NW, Washington, DC 20210 (Paperwork Reduction Project 1205-0040)

## SCSEP Host Agency Customer Satisfaction Survey

6. The Older Worker Program staff that made the assignment had a good understanding of my business needs. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

7. I received sufficient information about the work history and education of the participant assigned to my agency. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

8. I had sufficient choice about the participant assigned to my agency. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

9. The participant assigned to my agency had the necessary computer skills. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

10. The participant assigned to my agency was a good match with my agency. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

11. The Older Worker Program staff was helpful in resolving any problems I had. (Choose one number)

Strongly disagree										Strongly agree	Not applicable
1	2	3	4	5	6	7	8	9	10	90	

12. Did any of the older workers assigned to your agency require supportive services, such as assistance with transportation, medical care, or housing, to be successful in their assignments? (Choose one answer)

Yes       No (Skip to question #15)       Don't know (Skip to question #15)

13. If the answer to question 13 is "Yes," to what extent did the Older Worker Program provide the participants the supportive services they needed? (Choose one number)

1	2	3	4	9
None	Few	Some	Nearly all	Don't know

Please continue on next page

## SCSEP Host Agency Customer Satisfaction Survey

14. Do participants assigned to your agency ever need any kind of additional training other than the on-the-job training that comes with their assignment? (Choose one answer)

- Yes       No (Skip to question #17)       Don't know (Skip to question #17)

15. If the answer to question 15 is "Yes," does the Older Worker Program provide the needed training? (Choose one number)

- |                                    |  |                                    |                                     |            |
|------------------------------------|--|------------------------------------|-------------------------------------|------------|
| 1                                  | 2                                      | 3                                  | 4                                   | 9          |
| Never provides additional training | Sometimes provides additional training | Often provides additional training | Always provides additional training | Don't know |

16. The Older Worker Program staff stayed in touch with my agency to make sure the assignment went well. (Choose one number)

- |                   |   |   |   |   |   |   |   |   |                |            |
|-------------------|---|---|---|---|---|---|---|---|----------------|------------|
| Strongly disagree |   |   |   |   |   |   |   |   | Strongly agree | Don't know |
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10             | 90         |

17. Did the Older Worker Program ever attempt to remove any participants from your agency before you thought they were ready to leave? (Choose one number)

- |       |              |            |               |            |
|-------|--------------|------------|---------------|------------|
| 1     | 2            | 3          | 4             | 9          |
| Never | Occasionally | Frequently | Nearly always | Don't know |

18. Would your agency be able to provide the same level of services that it does now if it did not participate in the Older Worker Program? (Choose one answer)

- Yes       No       Don't know

19. Would you recommend the services of the Older Worker Program to other agencies? (Choose one number)

- |               |   |   |   |   |   |   |   |   |                |            |
|---------------|---|---|---|---|---|---|---|---|----------------|------------|
| Definitely no |   |   |   |   |   |   |   |   | Definitely yes | Don't know |
| 1             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10             | 90         |

20. For how long have you been a host agency? \_\_\_\_\_ (years; enter "1" if less than one year)

21. What do you think is most valuable about the Older Worker Program?

---



---

22. What part of the Older Worker Program do you think is most in need of improvement?

---



---

**Thank you for taking time to complete this survey.**



**SCSEP Participant  
Customer Satisfaction Survey**

OMB Approval Number: 1205-0040

Expiration Date: 06/30/07

**OLDER WORKER CUSTOMERS**

Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP), wants to provide the highest quality services to its customers. You can help us improve our services by answering the following questions. Please be completely honest. Your answers will be strictly confidential. No one in the agency will see your individual responses.

Choose the number on the scale below each question that best represents your opinion. Thank you in advance for your help.

1. Utilizing the scale of 1 to 10 below, what is your overall satisfaction with the services provided by the Older Worker Program? (Choose one number)

Very dissatisfied										Very satisfied	Didn't receive
1	2	3	4	5	6	7	8	9	10	90	

2. Considering all of the expectations you may have had about the services of the Older Worker Program, to what extent have the services met your expectations? (Choose one number)

Falls short										Exceeds	Didn't receive
1	2	3	4	5	6	7	8	9	10	90	

3. Now, think about the ideal services for people in your circumstances. How well do you think the services you received compare with the ideal services? (Choose one number)

Not at all close										Very close	Didn't receive
1	2	3	4	5	6	7	8	9	10	90	

4. The Older Worker Program staff told me everything I needed to know about how the program worked. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

5. The Older Worker Program staff understood my employment interests and needs. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

**Please continue on other side** 

ETA-9124 – Part A  
(June 2004)

Your responses are confidential, and we appreciate your time and assistance. This voluntary information has been approved by the Office of Management and Budget under OMB approval number 1205-0040, expiring 06/30/2007. Without this approval, we would not be able to conduct this survey. The time needed to complete the survey is estimated to average ten (10) minutes. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden; please send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, 200 Constitution Avenue, NW, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

## SCSEP Participant Customer Satisfaction Survey

6. The Older Worker Program helped me obtain the supportive services, such as assistance with transportation, housing or medical care, that I needed to meet my employment goals. (Choose one number)

Strongly disagree										Strongly agree	Didn't need any
1	2	3	4	5	6	7	8	9	10	90	

7. Before your community service assignment with your host agency, how much of the training you needed to meet your employment goals did the Older Worker Program give you? (Choose one number)

None of the training										All of the training	Didn't need any
1	2	3	4	5	6	7	8	9	10	90	

8. The Older Worker Program helped me obtain a community service assignment that was just right for me. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

9. I understand that I have the right to ask for a different community service assignment if I don't like the one the Older Worker Program gave me. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

10. Given your transportation situation, was your community service assignment convenient to where you live? (Choose one answer)

Yes     No     Don't know

11. There is someone in the Older Worker Program I can talk to when I need to. (Choose one number)

Strongly disagree										Strongly agree	Doesn't apply
1	2	3	4	5	6	7	8	9	10	90	

12. During my community service assignment, my host agency gave me the training I needed to be successful in my assignment. (Choose one number)

Strongly disagree										Strongly agree	Didn't need any
1	2	3	4	5	6	7	8	9	10	90	

**Please continue on next page**

## SCSEP Participant Customer Satisfaction Survey

13. I feel comfortable at my community service assignment. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

14. Compared to the time before you started working with the Older Worker Program, would you say your physical health is better, worse, or about the same? (Choose one number)

1	2	3	9
Better	Worse	About the same	Don't know

15. Compared to the time before you started working with the Older Worker Program, how would you rate your outlook on life? (Choose one number)

1	2	3	4	5	9
Much more negative	A little more negative	About the same	A little more positive	Much more positive	Don't know

16. The pay I receive from the Older Worker Program has made a substantial difference in the quality of my life. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

17. During my community service assignment, the Older Worker Program pressured me, before I was ready, to leave my community service assignment for unsubsidized employment. (Choose one answer)

Yes     No     Don't know

**If you have an unsubsidized job, answer Questions 18, 19 and 20, and continue with the rest of the survey. If you do not have an unsubsidized job, skip to Question 21.**

18. How much help did Older Worker Program staff give you in finding an unsubsidized job? (Choose one number)

No help										A great deal of help	Don't know
1	2	3	4	5	6	7	8	9	10	90	

19. How much of the skills and training you need for your current job did you gain from your community service assignment? (Choose one number)

None of the skills and training										Nearly all of the skills and training	Don't know
1	2	3	4	5	6	7	8	9	10	90	

Please continue on other side 

## SCSEP Participant Customer Satisfaction Survey

20. Overall, how helpful was your community service assignment(s) in preparing you for success in your current unsubsidized job? (Choose one number)

Not at all helpful										Extremely helpful	Don't know
1	2	3	4	5	6	7	8	9	10	90	

21. Would you recommend the services of the Older Worker Program to other older workers? (Choose one number)

Definitely no										Definitely yes	Don't know
1	2	3	4	5	6	7	8	9	10	90	

22. What do you think is most valuable about the Older Worker Program?

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23. What part of the Older Worker Program do you think is most in need of improvement?

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**Thank you for taking time to complete this survey.**

**EMPLOYER CUSTOMERS**

The Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP), wants to provide the highest quality services to its customers. You can help us improve our services by answering the following questions. Please be completely honest. Your answers will be strictly confidential. Unless the question directs you otherwise, please answer each question on the basis of your most recent experience with the Older Worker Program.

Choose the number on the scale below each question that best represents your opinion. Thank you in advance for your help.

1. Utilizing the scale of 1 to 10 below, what is your overall satisfaction with the services provided by the Older Worker Program? (Choose one number)

Very dissatisfied										Very satisfied	Didn't receive
1	2	3	4	5	6	7	8	9	10	10	90

2. Considering all of the expectations you may have had about the services of the Older Worker Program, to what extent have the services met your expectations? (Choose one number)

Falls short										Exceeds	Didn't receive
1	2	3	4	5	6	7	8	9	10	10	90

3. Now, think about the ideal services for people in your circumstances. How well do you think the services you received compare with the ideal services? (Choose one number)

Not at all close										Very close	Didn't receive
1	2	3	4	5	6	7	8	9	10	10	90

4. The Older Worker Program staff gave me all the information I needed to understand the Older Worker Program. (Choose one number)

Strongly disagree										Strongly agree	Not applicable
1	2	3	4	5	6	7	8	9	10	10	90

**Please continue on other side** 

ETA-9124 – Part C  
(June 2004)

Your responses are confidential, and we appreciate your time and assistance. This voluntary information has been approved by the Office of Management and Budget under OMB approval number 1205-0040, expiring 06/30/2007. Without this approval, we would not be able to conduct this survey. The time needed to complete the survey is estimated to average eight (8) minutes. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden; please send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, 200 Constitution Avenue, NW, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

## SCSEP Employer Customer Satisfaction Survey

5. Would you say that the Older Worker Program staff that made the job referral(s) had a good understanding of your business needs? (Choose one number)

1	2	3	4	9
Staff had little or no understanding	Staff had some understanding	Staff had good understanding	Staff had great understanding	Don't know

6. Would you say that the job applicant(s) referred by the Older Worker Program had the necessary skills for the job? (Choose one number)

1	2	3	4	9
Applicant(s) had few or none of the necessary skills	Applicant(s) had some of the necessary skills	Applicant(s) had many of the necessary skills	Applicant(s) had virtually all of the necessary skills	Don't know

7. The Older Worker Program staff stayed in touch with me after I hired the applicant to make sure that everything was going well. (Choose one number)

Strongly disagree									Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90

8. How many of the older workers hired with the assistance of the Older Worker Program came with the basic computer skills they need? (Choose one number)

1	2	3	4	8	9
None of the workers	Few of the workers	Some of the workers	Nearly all the workers	Didn't need any computer skills	Don't know

9. Did any of the older workers you hired with the assistance of the Older Worker Program require supportive services, such as assistance with housing, transportation, or medical needs? (Choose one answer)

Yes       No (Skip to question #11)       Don't know (Skip to question #11)

**Please continue on next page**



**Appendix E:  
SCSEP Quarterly Progress Report Form**



**U.S. Department of Labor  
Employment and Training Administration**

**SCSEP Quarterly Progress Report**

**A. GRANTEE INFORMATION**

1. Grantee:	2. Grant Number:	OMB Approval No.: 1205-0040 Expiration Date: 06/30/07
3a. Report Period Ending: _____(MM/DD/YYYY)	3b. Program Year(s): _____	4. Number of Authorized Positions:

**B. PARTICIPATION LEVELS**

1. Carried Over from the Previous Program Year:	2. New Participants: Q _____ YTD _____	3. Total Exits: Q _____ YTD _____	4. Current Participants:	5. Vacancies:
6. Number of Persons on Waiting List:	7. Co-Enrollments: a. Total co-enrollments: b. Section 502(e) co-enrollments: Q _____ YTD _____			
8a. Exits Due to Unsubsidized Employment: Q _____ YTD _____ 8a1. Average starting wage: Q _____ L4Q _____ 8a2. Percent of placements with benefits: Q _____ L4Q _____	8b. Other Reasons for Exit: Q _____ YTD _____ 8c. Exclusions: Q _____ YTD _____	9a. Participants Transferred Into Program: Q _____ YTD _____ 9b. Participants Transferred Out of Program: Q _____ YTD _____	10a. Regular Placements: Q _____ YTD _____ 10b. OJE Placements: Q _____ YTD _____ 10c. 502(e) Placements: Q _____ YTD _____	
11a. Non-SCSEP-Eligible Placements: Q _____ YTD _____	11b. Non-Qualifying Placements: Q _____ YTD _____	12. Number of Hours of Training: Q _____ YTD _____		

**C. COMMUNITY SERVICE ASSIGNMENTS**

	Q	YTD
1. Number of participants providing service to the general community		
2. Total number of hours worked in service to the general community		
3. Number of participants providing service to the elderly community		
4. Total number of hours worked in service to the elderly community		
5. Total number of participants providing community service		
6. Total number of hours worked in community service		

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ETA-5140  
(Revised June 2004)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040, expiring 06/30/2007. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average fourteen (14) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden; send them to the U.S. Department of Labor, Office of National Programs, Room C-4312, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

**D. PARTICIPANT CHARACTERISTICS**

		Q No.	Q %	YTD No.	YTD %	L4Q No.	L4Q %
Gender	1. Male						
	2. Female						
Age	3. 55-59						
	4. 60-64						
	5. 65-69						
	6. 70-74						
	7. 75 & over						
Ethnicity	8. Hispanic , Latino, or Spanish origin						
Race	9. American Indian or Alaska Native						
	10. Asian						
	11. Black or African American						
	12. Native Hawaiian or Pacific Islander						
	13. White						
Education	14. 8 <sup>th</sup> grade & under						
	15. 9 <sup>th</sup> grade – 11 <sup>th</sup> grade						
	16. High School diploma or equivalent						
	17. 1 – 3 years college						
	18. Post-secondary certificate						
	19. Associate's degree						
	20. Bachelor's degree or equivalent						
	21. Some graduate school						
	22. Master's degree						
	23. Doctoral degree						
Additional Measures	24. Family income at or below the poverty level						
	25. Individuals with disabilities						
	26. Individuals with limited English proficiency						
	27. Individuals with literacy deficiency						
	28. Individuals with cultural, social, or geographic isolation						
	29. Individuals with poor employment history or prospects						
	30. Individuals with other social barriers						
	31. Individuals over the age of 60						
	32. Homeless individuals						
	33. Displaced homemakers						
	34. Veterans (or spouses)						
	35. Individuals receiving public assistance						

E. PERFORMANCE MEASURES AND RELATED REPORTING REQUIREMENTS					
PERFORMANCE MEASURE	DESCRIPTION	GOAL	Q RATE	YTD RATE	L4Q RATE
1. SCSEP Placement Rate	The number of participants whose placement into unsubsidized employment became final during the reporting period divided by the total number of authorized community service positions				
2. Service Level	The number of participants who are active on the last day of the reporting period or who exited during the reporting period divided by the number of authorized community service positions				
3. Community Service	The total number of hours of community service performed during the reporting period divided by the community service goal				
4. SCSEP Retention Rate	The number of participants placed into unsubsidized employment whose retention outcome became final within the reporting period, i.e., who are still employed six months after the date of placement, divided by the number of participants placed into unsubsidized employment				
5. Service to Most-in-Need	The number of participants who are active on the last day of the reporting period or who exited during the reporting period, and who are over the age of 60 and have one or more of the following: an income at or below the poverty level; physical or mental disabilities, language barriers (LEP or literacy), cultural social or geographical isolation; poor employment history or prospects; or other social barriers divided by the total number of participants				
6. Customer Satisfaction	Average quarterly ACSI for employers				
	Average annual ACSI for participants				
	Annual average ACSI for host agencies				
7. Common Measures Earnings Gain 1 (pre-program/post-program)	Of those participants who are employed in the first quarter after program exit, earnings in the first quarter after exit minus earnings in the quarter prior to participation divided by earnings in the quarter prior to participation				

E. PERFORMANCE MEASURES AND RELATED REPORTING REQUIREMENTS					
PERFORMANCE MEASURE	DESCRIPTION	GOAL	Q RATE	YTD RATE	L4Q RATE
8. Common Measures Earnings Gain 2 (post-program 1 <sup>st</sup> quarter to 3 <sup>rd</sup> quarter)	Of those participants who are employed in the first quarter after program exit, earnings in the third quarter after exit minus earnings in the first quarter after exit divided by earnings in the first quarter after exit				
9. Common Measures Entered Employment Rate	Of those not employed at the time of participation, the number of participants employed in the first quarter after exit divided by the number of participants who exit during the quarter				
10. Common Measures Retention Rate	Of those participants who are employed in the first quarter after exit, the number employed in both second and third quarters after exit divided by the number of participants employed in the first quarter after the quarter of exit				
F. SECTION 502(e) PERFORMANCE MEASURES					
PERFORMANCE MEASURE	DESCRIPTION	GOAL	Q RATE	YTD RATE	L4Q RATE
1. Common Measures Earnings Gain 1 (pre-program/post-program)	Of those participants who are employed in the first quarter after program exit, earnings in the first quarter after exit minus earnings in the quarter prior to participation divided by earnings in the quarter prior to participation				
2. Common Measures Earnings Gain 2 (post-program 1 <sup>st</sup> quarter to 3 <sup>rd</sup> quarter)	Of those participants who are employed in the first quarter after program exit, earnings in the third quarter after exit minus earnings in the first quarter after exit divided by earnings in the first quarter after exit				
3. Common Measures Entered Employment Rate	Of those not employed at the time of participation, the number of participants employed in the first quarter after exit divided by the number of participants who exit during the quarter				
4. Common Measures Retention Rate	Of those participants who are employed in the first quarter after exit, the number employed in both second and third quarters after exit divided by the number of participants employed in the first quarter after the quarter of exit				

**GOAL** means the stated negotiated target rate for that performance measure.

**Q** means the count or rate for the current reporting quarter.

**YTD** means the count or rate for the program year to date, from July 1st through the current reporting quarter.

**L4Q** means the count or rate for the most recent four quarters, including the current reporting quarter.

**Appendix F:  
SCSEP Privacy Statement Template**

## 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 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, citizenship, 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 be **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.

(continued on other side)

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**

[Name of SCSEP provider] 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 [name of SCSEP provider] 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