

**SCSEP DATA VALIDATION
SELF-ATTESTATION OMNIBUS SIGNATURE FORMS**

Instructions for SCSEP program personnel

The forms below are to be used by SCSEP program personnel to allow applicants or participants to attest to information related to data elements that are validated by the SCSEP program. There is a separate form for each of the 14 data elements that accept signed self-attestation as a form of source documentation. This enables SCSEP personnel to print out only the form(s) that are needed in a given situation.

NOTE 1: SCSEP program personnel should be aware that participants who are able to present official source documents that can be used to validate any of the data elements listed below have no need to use the relevant attestation form for that element. Official source documents are, by themselves, sufficient to validate any individual piece of information below.

Similarly, case notes and third-party attestation may be used to validate the information for certain elements. Please refer to the DV handbook for exact instructions on when these other forms of validation are acceptable.

NOTE 2: The following data elements accept self-attestation:

- P8 – Homeless
- P13 – Employed prior to participation?
- P14 – Total Includable Family Income (12 Month or 6 Month Annualized)
- P25 – Veteran (or qualified spouse of veteran)? P27 – At risk of homelessness
- P29 – Failed to find employment after using WIA Title I?
- P30 – Low employment prospects?
- P45 – Recertification: Total includable family income (12 month or 6 month annualized)
- P54 – Severely limited employment prospects in area of persistent unemployment?
- E6 – If exit is not due to unsubsidized employment, other reason for exit.
- U28c – Any wages for the first quarter after exit quarter?
- U29c – Any wages for the second quarter after exit quarter?
- U29e – Any wages for the third quarter after exit quarter?
- U30c – Any wages for the fourth quarter after exit quarter?

NOTE 3: For the following data element, case workers must also confirm that the participant was actually enrolled in WIA prior to being enrolled in SCSEP

- P29 – Failed to find employment after using WIA Title I?

NOTE 4: The following data elements require a case note explaining why the condition to which the applicant has attested makes it unlikely that the applicant will fail to find employment without the help of SCSEP or some other employment and training program.

P30 – Low employment prospects?

P54 – Severely limited employment prospects in area of persistent unemployment?

NOTE 5: For the following data elements, self-attestation is acceptable only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by sub-grantee to obtain this information.)

U28c – Any wages for the first quarter after exit quarter?

U29c – Any wages for the second quarter after exit quarter?

U29e – Any wages for the third quarter after exit quarter?

U30c – Any wages for the fourth quarter after exit quarter?

**Self-Attestation Form for Item P8
Homeless**

On this date, I, _____ (*Name of Applicant*), certify that I am homeless, that is:

1. I lack a fixed, regular, and adequate nighttime residence; **and**
2. I have a primary nighttime residence that is:

_____ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

_____ (*Name of Shelter*)

_____ an institution that provides a temporary residence for individuals intended to be institutionalized; or

_____ (*Name of Institution*)

_____ another public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

_____ (*Specify Place*)

(*Signature of Applicant*)

(*Date*)

**Self-Attestation Form for Item P13
Employed prior to participation?**

On this date, I, _____ (*Name of Applicant*), certify that I am not employed, that is:

1. I do not do any work at all as a paid employee; **and**
2. I do not do any work at all in my own business, profession, or farm; **and**
3. I do not work 15 hours or more as an unpaid worker in an enterprise operated by a member of my family; **and**
4. I do not have a job or business from which I was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons.

(*Signature of Applicant*)

(*Date*)

**Self-Attestation Form for Item P25
Veteran (or spouse of veteran)?**

On this date, I, _____ (*Name of Applicant*), certify that I am a veteran, or a spouse of a veteran, as defined by **one** of the following statements:

_____ I served in the active U.S. military, naval, or air service and was discharged or released from such service under conditions other than dishonorable, or

_____ I was on full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes, and was released from such duty with other than a dishonorable discharge, or

_____ I am the spouse of a person who died on active duty or of a service-connected disability, or

_____ I am the spouse of a member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed in one or more of the following categories:

_____ missing in action;

_____ captured in the line of duty by a hostile force; or

_____ forcibly detained or interned in the line of duty by a foreign government or power; or

_____ I am the spouse of a person who has a total disability permanent in nature resulting from a service-connected disability as determined by the VA; or

_____ I am the spouse of a veteran who died while a disability so evaluated was in existence.

Additionally, I attest that I or my spouse served and was discharged from active duty as defined above on ___ / ___ / _____

(*Signature of Applicant*)

(*Date*)

**Self-Attestation Form for Item P27
At risk of homelessness?**

Homelessness here is defined according to element P8 – Homeless, which states that a participant is homeless if he or she:

1. lacks a fixed, regular, and adequate nighttime residence; **and**
2. has a primary nighttime residence that is:
 - a. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
 - b. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

On this date, I, _____ (*Name of Applicant*), certify that the specific conditions which place me at real and imminent risk of homelessness are:

- _____ My rent/mortgage is unpaid or overdue;
- _____ I often borrow to pay my rent/mortgage;
- _____ My real estate taxes are unpaid or overdue;
- _____ I am temporarily sharing space with a family member or friend;
- _____ I have involuntarily moved several times in the last year;
- _____ My credit history or background disqualifies me from most rental/lease agreements;
- _____ I cannot pay my rent/mortgage most months;
- _____ I frequently have unpaid or overdue electric, gas, or water bills;
- _____ I have been evicted from a residence in the last 12 months;
- _____ I have lived in a shelter during the past 12 months.

_____ Or other specific conditions which place me at risk of homelessness (*Specify Below*)

(*Signature of Applicant*)

(*Date*)

**Self-Attestation Form for Item P29
Failed to find employment after using WIA Title I?**

On this date, I, _____ (*Name of Applicant*), certify that I am unable to find employment after last being enrolled in WIA Title I services on ___ / ___ / _____.

I have not been employed since ___ / ___ / _____.

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Item P30
Low employment prospects?

On this date, I, _____ (*Name of Applicant*), certify that I have a significant barrier to employment as described below:

(Check all conditions below which apply to you. Additional information explaining why your situation could be considered a significant barrier to potential employment must be included along with the identification of the condition.)

___ I lack a substantial employment history as described below:

___ I lack a high school diploma or the equivalent

___ I have a disability (Requires additional higher level documentation. See the SCSEP Data Validation Handbook Instructions for element P26)

___ I am homeless (Further information required on the attestation form for element P8)

___ I have other significant barrier(s), as described below:

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Item P54
Severely limited employment prospects in area of persistent unemployment?

On this date, I, _____ (*Name of Applicant*), certify that I have a significant barrier to employment as described below:

(Check all conditions below which apply to you. Additional information explaining why your situation could be considered a significant barrier to potential employment must be included along with the identification of the condition.)

____ I lack a substantial employment history as described below:

____ I lack a high school diploma or the equivalent

____ I have a disability (Requires additional higher level documentation, see the SCSEP Data Validation Handbook Instructions for element P26)

____ I am homeless (Further information required on the attestation form for element P8)

____ I have other significant barrier(s), as described below:

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Item E6
If exit is not due to unsubsidized employment, other reason for exit

On this date, I, _____ (*Name of Participant*), certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following statements:

_____ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. _____ (*Name of Doctor*), **and**
2. I have been informed by Dr. _____ (*Name of Doctor*), that
 - a. my medical condition is expected to last at least 90 days, **and**
 - b. my medical condition prevents me from continued participation in the SCSEP program or from working.

_____ I have a documented family care exclusion, that is:

1. I am providing care for my family member, _____ (*Name of Relative and Relationship to Participant*),
2. My family member is in the care of Dr. _____ (*Name of Doctor*),
3. I have been informed by Dr. _____ (*Name of Doctor*), that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ I am institutionalized, that is:

1. I am receiving 24-hour care at _____ (*Name of Facility*), which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ (*Name and Position*) that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Items U28c/U29c/U29c/U30c
Any wages for first/second/third/fourth quarter after exit quarter?

On this date, I, _____ (*Name of Exited Participant*), certify that I received wages from ___ / ___ / _____ to ___ / ___ / _____, which is after I exited from the SCSEP program.

These wages were compensation for working at (*Employer Name*) _____

Located at (*Address of Employer*) _____

Where I reported directly to (*Name of Supervisor*) _____

----- **OR** -----

On this date, I, _____ (*Name of Exited Participant*), certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following statements:

_____ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. _____ (*Name of Doctor*), **and**
2. I have been informed by Dr. _____ (*Name of Doctor*) that
 - a. my medical condition is expected to last at least 90 days, **and**
 - b. my medical condition prevents me from continued participation in the SCSEP program or from working.

_____ I have a documented family care exclusion, that is:

1. I am providing care for my family member, _____ (*Name of Relative and Relationship to Participant*),
2. My family member is in the care of Dr. _____ (*Name of Doctor*), **and**
3. I have been informed by Dr. _____ (*Name of Doctor*) that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ I am institutionalized, that is:

1. I am receiving 24-hour care at _____ (*Name of Facility*), which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ (*Name and Position*) that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

(*Signature of Applicant*)

(*Date*)