

Most-in-Need (MIN) Self-Attestation Form
(ONLY TO BE USED FOR MINs THAT CAN BE VALIDATED BY SELF-ATTESTATION)

Name of job seeker: _____

I attest that the information stated below is true and accurate to the best of my understanding and understand that if any of the information provided below is false, it may be grounds for immediate termination from the Senior Community Service Employment Program (SCSEP). **Check only those that apply.**

- Homeless** — I lack a fixed, regular and adequate night-time residence because one of the following applies to me:
- | | |
|---|---|
| <input type="checkbox"/> I live in a shelter | <input type="checkbox"/> I live in a temporary residence for individuals intending to be institutionalized; or |
| <input type="checkbox"/> I live in transitional housing | <input type="checkbox"/> I live in a place not designed or ordinarily used as regular sleeping accommodations for people. |
| <input type="checkbox"/> I live in a welfare hotel | |

**Automatically qualifies as Low Employment Prospects.*

- Limited English Proficiency** — I do not speak English as my primary language, and I have limited ability to read, speak, write or understand English. My primary language is _____

**Automatically qualifies as Low Employment Prospects.*

- Low Literacy Skills** — One or more of the following is true:
- I compute or solve problems, read, write or speak at or below the 8th grade level;
 - I am unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in my family, or in society.

**Automatically qualifies as Low Employment Prospects.*

- Veteran or Qualified Spouse of Veteran** (use only when DD-214 is pending for Veterans discharged after 1950) — One or more of the following is true:

I served in the active _____ and was discharged or released from such service under conditions other than dishonorable.

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 dishonorable discharge.

I am or was the spouse of a member of the US armed forces and that spouse is listed in one or more of the following categories:

- Missing in action
- Captured in the line of duty by a hostile force,
- Forcibly detained or interned in the line of duty by a foreign government or power
- Has a total disability permanent in nature resulting from a service-connected disability as determined by the VA, or
- Died while a disability so evaluated was in existence.

- Failed to find employment after I enrolled in Workforce Innovation and Opportunity Act (WIOA) career services** on ___/___/___ and have been unemployed since ___/___/___.

**Requires enrollment verification from WIOA*

Most-in-Need (MIN) Self-Attestation Form

(ONLY TO BE USED FOR MINs THAT CAN BE VALIDATED BY SELF-ATTESTATION)

Formerly Incarcerated

- I was incarcerated and released within 5 years preceding my first SCSEP eligibility determination;
- I was/am on supervision from release from prison or jail within 5 years preceding my first eligibility determination

At risk for homelessness — I have a real and imminent risk of homelessness because:

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

Low Employment Prospects because I have one or more of the following barriers:

- I lack a substantial employment history;
- I lack a high school diploma or equivalent;
- I have a documented disability; or
- I have a significant barrier as described here

One or more of these barriers has prevented me from finding employment because

Severely Limited Employment Prospects - I reside in _____ county and I have at least two of the following barriers:

- | | |
|---|---|
| <input type="checkbox"/> I lack substantial employment history | <input type="checkbox"/> I am homeless |
| <input type="checkbox"/> I lack a high school diploma or equivalent | <input type="checkbox"/> I have a documented disability |
| <input type="checkbox"/> I have one or more significant barriers as described here: _____ | |
- and one or more of these barriers has prevented me from finding employment because:

JOB SEEKER'S SIGNATURE

PROJECT DIRECTOR'S SIGNATURE

DATE

DATE

The information provided in this form will be used solely to determine your eligibility for SCSEP and is not intended for any other purpose. This document will be treated as confidential information.

FOR SCSEP STAFF ONLY – CASE NOTES: _____

This form can only be used to validate MINs that allow self-attestation. See Participant Form, MIN Revalidation Form and Data Validation Handbook for additional requirements for all MINs.