

Record of Participant Orientation

My signature here is acknowledgement that matters concerning my enrollment as a participant have been fully explained to my satisfaction.

- ☐ Goals of SCSEP
- ☐ Goals of the SCSEP and of the sponsor organization
- ☐ Available supportive services
- ☐ Physical exam offer
- ☐ Training opportunities
- ☐ SCSEP participant meetings
- ☐ Obligation to seek unsubsidized employment, including applying for jobs at a host agency and registering with a Tennessee Career Center
- ☐ Post enrollment and unsubsidized information to be collected (Release form to be given to participant.)
- ☐ Community Service Assignment Description
- ☐ DOL mandated Participant Customer Satisfaction surveys
- ☐ Privacy Act of 1974 (Copy of Statement to be given to the participant.)
- ☐ Hours of community service
- ☐ Wage rate/required benefits
- ☐ Submission of timesheets, schedule and method of payment of wages
- ☐ Procedures for complaint resolution
- ☐ Procedures for reporting assignment-related accidents
- ☐ Travel reimbursement, if applicable
- ☐ Durational limit on SCSEP participation
- ☐ Rotation policy for community service assignment
- ☐ Obligation to report any change in income or family size that may affect eligibility
- ☐ Drug-free workplace policy
- ☐ Reasons for termination (including IEP termination)
- ☐ Allowable and unallowable political activities

Further, I have been given a copy of the sponsor's SCSEP participant policies and a copy of my community service assignment description.

Signature of Participant _____

Date _____