



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
HOST AGENCY CHECK LIST FOR
RECERTIFICATION

NOTE: Please make a copy of the following forms for your records:

1. HOST AGENCY SUPERVISION REPORT
2. HOST AGENCY AUTHORIZED SIGNATURE FORM
3. AVAILABLE TRAINING OPPORTUNITIES FORM and Sample
4. WORKERS' COMPENSATION CLAIM FORMS
5. TIME SHEET – TITLE V
6. SCSEP MANUAL
7. PAYROLL SCHEDULE
8. LOCAL INCOME TAX FORM

The following list of forms is required for status as a Work Training Assignment Host-Site in Mature Services' Senior Community Service Employment Program (SCSEP), for the program year(s) of JULY 1, 20 - JUNE 30, 20. Please submit all correctly completed "**ORIGINAL**" forms **before** FRIDAY, JUNE 13, 2008, to your Project Director.

NOTE: If all correctly completed original forms are not received by Friday, June 27, your Trainee(s) will not be permitted to return to your Agency on Monday, June 30, 2008, or until they have been received by the local Project Director and checked for completion.

_____ ONE dated and signed **HOST AGENCY WORK-TRAINING AGREEMENT** for each work-training site. Remember to check off correct status [IRS 501(c)(3) or Government] at top of agreement. **Retain a copy** for your records. Include a copy of your IRS 501(c)(3) **ONLY** if your Name has changed or if your Advance Ruling has expired. We need a copy of your new or permanent status 501(c)(3) on file. [This is NOT your tax exempt form for purchases.]

_____ Completed and signed **HOST AGENCY SUPERVISION REPORT** for each training site indicating a Supervisor for each Trainee. Include hourly wage and what percent of that wage is from federal and/or non-federal sources.

_____ Completed **HOST AGENCY AUTHORIZED SIGNATURE FORM** for each work-training site. Must include signatures of everyone authorized to sign Trainee time sheets.

_____ Completed **AVAILABLE TRAINING OPPORTUNITIES FORM** for each work-training site (see Sample). All work-training assignments must be negotiated and approved by the local Project Director for a specific Trainee's training needs and in concert with the IEP and Initial Assessment, prior to assignment of any Trainee. **[Plan to meet with your Project Director to present for approval any changes in existing work-training assignment descriptions, and related adjustments in the IEP, before instituting any such changes.]**

_____ If Local Tax District has changed, **ONLY**, submit a new Local Income Tax Form.