

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 _____