

**NATIONAL ASIAN PACIFIC CENTER ON AGING (NAPCA)  
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)  
HOST AGENCY APPLICATION**

Host Agency Name \_\_\_\_\_ Address (Street, City, State, Zip Code) \_\_\_\_\_

Host Agency Supervisor \_\_\_\_\_ Executive Director or Agency Director \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_ Geographic areas served \_\_\_\_\_

Number of Full Time Employees \_\_\_\_\_ Number of Part Time Employees \_\_\_\_\_

**Check one:**  Government agency (*attach a brochure or other information describing your agency's services*)  
 501(c)3, non-profit organization (*attach a brochure or other information describing your agency's services; 501(c)3 IRS determination letter; current Board of Directors' list*)

Please provide a brief description of your program(s) and services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List additional branch locations if you intend to utilize them as participant training sites (include address and phone numbers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your organization's funding sources (Federal, State, County, City, Foundations, etc.): \_\_\_\_\_  
\_\_\_\_\_

Do you currently have other SCSEP participants training at your agency?  Yes  No

**Training and Supervision**

What type of training assignments could you provide to NAPCA participants? \_\_\_\_\_  
\_\_\_\_\_

Can you provide ongoing and consistent supervision for each participant?  Yes  No

Does your agency have the capacity to communicate with non-English speaking or limited English speaking participants?  Yes  No If yes, what language(s) can you accommodate? \_\_\_\_\_

**Job Development**

Does your agency have the capacity to hire one or more participant per year?  Yes  No

List any training or job development services your agency can provide to help our participant obtain a job. \_\_\_\_\_  
\_\_\_\_\_

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**Section to be completed by Project Director**

Approved  Denied

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Distribution: Host Agency File