



## Senior Community Service Employment Program (SCSEP) Community Service Assignment Description for Remote Assignments

Remote Assignment Information (To be completed by Host Agency)	
Host Agency name:	Host Agency address:
Brief description of nature of services/programs provided by Host Agency:	
Host Agency Supervisor name and title:	Phone #: Email address:
Participant Remote Assignment Schedule: (Be specific, e.g., Monday – Thursday, 9:00am - 2:00pm):	Total hours of remote work per week:
Remote duties and responsibilities:	
Learning Skills and Objectives (any new skill/(s) the Participant is projected to learn):	
Criteria for selection/prerequisites (any skills, experience, or training requirements of the assignment):	
<p>Thoroughly describe the training to be provided by the Host Agency to the Participant:</p> <ul style="list-style-type: none"> <li><b>Well-developed example:</b> "Participant will receive training on telephone counseling and self-care for social workers which will be provided via third-party webinars and weekly supervisory one-on-one meetings with a licensed social worker. Participant will continue to build transferable computer skills through regular data entry and will use Microsoft Office software to complete assignments."</li> <li><b>Under-developed examples:</b> "Training as needed to perform work assigned," or "Initial orientation for job expectations, with ongoing direction as needed."</li> </ul> <p>Record training plan here:</p>	

## REMOTE ASSIGNMENT ASSURANCES

### Remote Assignment Supervision

**1. How will time and attendance be tracked for the Participant who is working remotely?  
(Select one)**

- Participant will phone/video conference with Supervisor at beginning and end of each shift.
- Participant will email Supervisor at beginning and end of each shift.
- Other (please describe in detail):

**2. How will the Host Agency Supervisor provide daily supervision of for the Participant?  
(Select one)**

- Supervisor will check in with Participant for an oral report, via phone or video conference at least once per day and provide feedback.
- Supervisor will request and respond to a written summary of work performed, to be submitted via email by Participant at least once a day.
- Other (please describe in detail):

### Equipment and Supplies\*

**1. What equipment and supplies are required for the Participant to perform this community service assignment remotely?**

- Phone
- Laptop
- Wi-Fi Hotspot
- Wireless headset
- Notepads, pens, pencils, etc.
- Other (please describe in detail):

**2. Who is responsible for providing this equipment or materials?**

***(Participants should be supplied with all equipment and materials needed to conduct their duties.)***

- Host Agency will provide: \_\_\_\_\_
- SCSEP will provide: \_\_\_\_\_
- Please record any other source of equipment or materials and what will be provided:

\_\_\_\_\_ will provide: \_\_\_\_\_

**3. If the Host Agency is providing the equipment needed, are there any minimum requirements (i.e. software, internet speed, etc.)?**

- Internet speed required: \_\_\_\_\_
- Software required: \_\_\_\_\_
- Other requirements (please list in detail):

**4. What efforts will be made for the safe and secure transfer of equipment and materials to the participant? Please describe the process in detail below:**

***\*Important note: The SCSEP is not responsible for loss, theft, damage, or destruction of equipment provided by the Host Agency.***

**Security of Personal Identifying Information (PII)\***

*Per the California Department of Aging’s Program Year 2021 Title V Standard Agreement, Exhibit D: PII shall include, but not be limited to name, identifying number, Social Security number, state driver’s license or state identification number, financial account numbers, and symbol or other identifying characteristic assigned to the individual, such as finger or voice print or a photograph.*

*The Contractor, and its Subcontractors/Vendors, are required to use **128-Bit encryption** for Personal, Sensitive, and Confidential Information data that is collected and stored on all computing devices (including but not limited to, workstations, servers, laptops, personal digital assistants, notebook computers and backup media) and/or portable electronic storage media (including but not limited to, discs, thumb/flash drives, portable hard drives, and backup media).*

**1. What PII will the Participant have access to as part of this remote assignment?  
(Select all that apply)**

- Host Agency client and/or employee PII
- Call list PII
- N/A, Participant will not have access to any PII
- Other (please describe):

**2. What training will the Host Agency provide to the Participant to ensure PII is protected?  
(Select all that apply)**

- Written PII protection policy will be provided
- CDA Privacy & Information Security Awareness Training
- Virtual PII protection training will be provided
- N/A, Participant will not have access to PII
- Other (please describe):

**3. Participants conducting remote work must do so via secure networks and should not use public WiFi to transmit information containing PII.**

**What steps will the Host Agency take to ensure PII is protected?  
(Select all that apply)**

- Participant will sign a Confidentiality agreement
- Participant will only be able to access and store PII through a secure website or portal
- Host Agency uses encrypted email
- N/A, Participant will not have access to PII
- Other (please describe):

***\*Important note: Host Agency PII is the sole responsibility of the Host Agency. The SCSEP is not responsible for loss, misuse, or unauthorized disclosure of PII as a result of this assignment.***

**Participant Remote Assignment Information (To be completed by AJCC)**

The **Participant Remote Assignment Safety Self-Attestation** has been completed.

Yes \_\_\_\_\_ No \_\_\_\_\_

A copy of the **Participant Remote Assignment Self-Assessment** has been completed.

Yes \_\_\_\_\_ No \_\_\_\_\_

Assignment Start Date:

Participant name:

Participant email address:

SCSEP PID#:

Assignment title:

Phone #:

Location where training will take place:

\_\_\_\_\_  
*SCSEP Participant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*SCSEP Case Manager Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Host Agency Supervisor Signature*

\_\_\_\_\_  
*Date*