

Appendix C
Ohio Department of Job and Family Services
SUBSIDIZED EMPLOYMENT PROGRAM (SEP) REPORTING

County	Report Month	Report Year	Person Completing Form
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	Employee's Name	Employer's Name	Address=City/State/Zip	Is the employee a new or continuing SEP participant during the report month?	Number of individuals in the SEP participant's assistance group
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Success story comments: _____

Please complete this form and return by email to Program-Policy@ifs.ohio.gov by the 30th calendar day of the month following the report month.

Appendix C

SEP Reporting Instructions

* Enter the county name, report month/year and the name of the person completing the form.

1. Enter the name of each SEP participant (employee) for whom a wage subsidy was paid during the report month.
2. Enter the name and address of each employer who received a subsidy during the report month.
3. Indicate whether the employee listed in 1. is a NEW SEP participant for that month or a continuing SEP participant for the report month. A NEW SEP participant has not had a wage subsidy paid to an employer prior to that month. A continuing SEP participant has had a wage subsidy paid to an employer in a prior month.
4. Enter the total number of individuals that are part of the SEP participant's assistance group. This can be the PRC assistance group or the OWF assistance group.

Success Story Comments: If you have success stories that you would like to share during the course of the program, enter a brief but informative accounting of the specific success or successes. You may also include photos, participant's quotes or other items that may be of interest.