

**Capital Area Agency on Aging**  
**COMMUNITY SERVICE ASSIGNMENT (HOST AGENCY)**  
**PARTNER APPLICATION**

Thank you for your interest in the Community Service Assignment (CSA) component of Senior Community Service Employment Program. In order to obtain some background information about your company and your job training needs.

**Contact Information**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone no.(     ) \_\_\_\_\_ Fax no. (     ) \_\_\_\_\_

Contact  
Name \_\_\_\_\_ Email \_\_\_\_\_

**501c3 :** \_\_\_\_\_ **Public Agency:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

(Attach a copy of your organization 501c3 information. This documentation must be dated within the last 10 years.)

**Agency Information**

Briefly state the mission of your organization.

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What programs and or services does your organization offer?

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How many staff does your organization currently employ?

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Approximately how much is your annual operating budget (optional)

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Have you experienced budget cuts and/or staff reductions within the last year?

How could the Capital AAA SCSEP enhance your organization's ability to deliver services?

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How many senior workers are you able to train? \_\_\_\_\_  
In what capacities (skills they can acquire, opportunity for employment, etc.)?

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How did you hear about the CAAA Senior Community Service Employment Program?

Newspaper \_\_\_\_\_ You were contacted by the Detroit Urban League \_\_\_\_\_

Flyer \_\_\_\_\_ CAAA staff \_\_\_\_\_ Word of mouth \_\_\_\_\_

Other \_\_\_\_\_

Is there anything else you would like for us to know about your organization?

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**Please mail applications to:**  
**Capital Area Agency on Aging**  
**Senior Community Service Employment Program**  
**2051 Silverside Drive, Suite 208**  
**Baton Rouge, Louisiana 70808**  
**Attention : SCSEP Program**

E-mail to : [SCSEP@capitalaaa.org](mailto:SCSEP@capitalaaa.org)  
or fax to 225-928-8780