

**SENIOR SERVICE AMERICA, INC. (SSAI)  
AGRICULTURE CONSERVATION EXPERIENCED SERVICES (ACES) PROGRAM**

**ENROLLMENT ACTIVITY**

Use this form to notify SSAI of all actions related to Enrollment Changes and Authorized Requests.  
(Fill in boxes 1,2 and 11 each time this form is submitted. Please print legibly)

**1  IDENTIFICATION:**

Enrollee: \_\_\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Date Submitted: \_\_\_/\_\_\_/\_\_\_

Worksite: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Male  Female DOB: \_\_\_/\_\_\_/\_\_\_ Home Phone: \_\_\_/\_\_\_/\_\_\_ Work Phone: \_\_\_\_\_

**2  TYPE OF ACTION:**  Enrollment  Change  Request Effective Date: \_\_\_/\_\_\_/\_\_\_  
(1,2,3,5,11)

**3  ENROLLMENT:**  New  Re-Enrollment

Division/Branch: \_\_\_\_\_

Phone: \_\_\_/\_\_\_/\_\_\_ Fax: \_\_\_/\_\_\_/\_\_\_ Mail Code: \_\_\_\_\_ Room: \_\_\_\_\_

Position: \_\_\_\_\_ (Same as title appearing on approved Position Description)  
*(Attach approved PD, signed and dated by Monitor and Enrollee. Retain copy)*

Level: 1 2 3 4 Hourly Pay Rate \$ \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Funding Source/Program: \_\_\_\_\_ Grant No.: \_\_\_\_\_

Medical Monitoring Required *(If this is a change, please attach revised description)*

Safety Equipment Required *(If this is a change, please attach revised description)*

Travel Required  Health Insurance Eligibility *(If this is a change, please attach supporting documentation)*

**4  TERMINATION:**

Resignation  Laid Off *(Attach supporting documentation)*  Discharged *(Attach supporting documentation)*

Notification Date: \_\_\_/\_\_\_/\_\_\_ Last Work Day: \_\_\_/\_\_\_/\_\_\_ ID Badge/NRCS Property Returned:  
\_\_\_/\_\_\_/\_\_\_

Forwarding Address (for final paycheck, W-2): \_\_\_\_\_

Other: \_\_\_\_\_

**5  MONITOR:** *(Complete each time the monitor and alternate monitor is changed)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_/\_\_\_/\_\_\_ FAX: \_\_\_/\_\_\_/\_\_\_ Mail Code: \_\_\_\_\_ Room: \_\_\_\_\_

Alternate Monitor: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

**6  PERSONAL DATA CHANGES:**

Name: \_\_\_\_\_ Phone: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_

Other: \_\_\_\_\_

