



Senior Service America, Inc.

FS-ACES Pilot Program

In-Partnership with U.S. Department of Agriculture - U.S. Forest Service
 8403 Colesville Road, Suite 200 • Silver Spring, Maryland 20910
 Phone: (301) 578-8900 • Fax: (301) 578-8895

Enrollment Activity Form

Use to notify SSAI of all actions regarding enrollments, changes and requests. Must complete boxes 1, 2, 11.

1. <input type="checkbox"/> IDENTIFICATION										
Enrollee Name:						Date Submitted:				
Worksite:				(W) Phone:		(W) Email:				
Fill out at Enrollment Only:		<input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:			SSN:			
(H) Address:				City:		State:		Zip:		
(H) Phone:		Cell:		(H) Email:						
2. <input type="checkbox"/> ACTION										
<input type="checkbox"/> Enrollment <small>(1, 2, 3, 5, 11)</small>				<input type="checkbox"/> Change		<input type="checkbox"/> Request		Effective Date:		(REQUIRED)
3. <input type="checkbox"/> ENROLLMENT all types: complete boxes 3, 5 / attach supporting documentation										
<input type="checkbox"/> New		<input type="checkbox"/> Re-enrollment		<input type="checkbox"/> Change		Region:			State:	
Phone:		Fax:		Email:						
Position: <i>(approved position description)</i>						Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				
Hourly Pay Rate: \$		Hours Per Week:		Funding Source/Program:				SPA No#:		
Requirements:		<input type="checkbox"/> Safety Equipment		<input type="checkbox"/> Travel		Health Insurance Eligible:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4. <input type="checkbox"/> TERMINATION <i>attach supporting documentation</i>										
<input type="checkbox"/> Resignation			<input type="checkbox"/> Laid off		<input type="checkbox"/> Discharged		Notification Date:		Last Workday:	FS ID Badge/Property Returned Date:
Forwarding address (for final paycheck, W-2):					City:		State:		Zip:	
Other:										
5. <input type="checkbox"/> MONITOR complete each time Monitor / Alternate Monitor changes										
Monitor Name:					Title:					
Phone:			Fax:		Email:					
Alternate Monitor:					Phone:		Email:			
6. <input type="checkbox"/> PERSONAL DATA CHANGES										
Name:					(H) Phone:			Cell:		
(H) Address:				City:			State:		Zip:	
(H) Email:				Other:						



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7. <input type="checkbox"/> LEAVE REQUEST <i>attach brief explanation.; b - d require a signed, dated doctor's statement</i>		
Type of Leave requested – (5 or more consecutive days)	Last Workday:	Return Date:
<input type="checkbox"/> Family Medical Leave (FMLA)		
8. <input type="checkbox"/> SAFETY EQUIPMENT REQUEST <i>attach supporting documentation</i>		
Item(s):	Purpose:	
Payment method: <i>attach:</i>	<input type="checkbox"/> Pay Vendor <i>PO, cost documents</i>	<input type="checkbox"/> Advance Check <i>cost documents</i>
		<input type="checkbox"/> Reimburse Enrollee <i>original receipts</i>
9. <input type="checkbox"/> TRAINING REQUEST <i>attach supporting documentation</i>		
Type of Training:	Cost:	
Training Date(s):	Training Purpose/Benefit :	
Payment method: <i>attach:</i>	<input type="checkbox"/> Pay vendor <i>PO, cost documents</i>	<input type="checkbox"/> Advance check <i>cost documents</i>
		<input type="checkbox"/> Reimburse Enrollee <i>original receipts</i>
10. <input type="checkbox"/> OTHER CHANGES OR TRANSACTIONS		
11. <input type="checkbox"/> AUTHORIZATION SIGNATURE(S) <i>required by SSAI - check w / Monitor re: ACES authorizations required</i>		
Enrollee:	Date:	
Monitor:	Date:	
FS/ACES Coordinator:	Date:	

ACES USE ONLY		Route to:	<input type="checkbox"/> Records	<input type="checkbox"/> Payroll	<input type="checkbox"/> Accounting	<input type="checkbox"/> Other
ACES Program Director						Date:
Comments:						