



**International Pre-Diabetes Center Inc.**  
Diabetes Self-Management & Prevention Education

**Senior CLASSS Division  
Community Service Employment Program  
(SCSEP)**

**Individual Durational Limitation Notification**

**Name of Participant:** \_\_\_\_\_ **PID:** \_\_\_\_\_

**Date of Notification:** \_ \_ \_

**Date of Durational Expiration:** \_\_\_\_\_

The Individual Participant Durational Limitation under the SCSEP program is defined based on the Older Americans Act (OAA), SCSEP Federal Regulations, and the IPDC Senior CLASSS Division requirements.

You are currently ineligible to continue to participate in the SCSEP program beyond the maximum duration of forty-eight (48) months in the aggregate (whether or not consecutive), from the date of \_\_\_\_\_ or the date of which you have enrolled in the SCSEP program.

As a SCSEP participant you have been notified verbally and in writing that you are ineligible for an extension of time on the SCSEP program due to the IPDC policy that we do not grant waiver extension as of January 1, 2021.

The SCSEP Grantee is required to notify you 12 months in advance prior to your 48-month individual durational limit expiration date.

You cannot extend your time enrolled in the SCSEP program because the IPDC does not grant durational limitation waivers for any current/new SCSEP participants effective January 1, 2021.

The IPDC has implemented this statutory individual participant durational limit of 48 months without the possibility of extensions.

Please note I will remain available to assist you in your employment search into a

more permanent position throughout this important time period. I will be more than happy to help you if you would like assistance in your future plans to locate employment leads by utilizing resources for interviews, job-searches, on-line job applications, and updating your resume/cover letter. We want to give you every opportunity to find employment and I am here to support you. If you need assistance or have questions please contact me directly. I have been notified 12 months in advance of my 48-month individual durational limit and was given a copy of the Time Limitation Policy.

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_ I have been notified at enrollment of my individual durational limit.

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_ I have been notified 30 days prior to my individual durational limit. On this date \_\_\_\_\_,

certifies that the participant listed is no longer eligible for (Name of SCSEP Sub-Recipient) the SCSEP program based on his/her durational limitation.

Thus, the SCSEP participant is ineligible to remain enrolled or reenroll in the SCSEP Program. \_\_\_\_\_

\_\_\_\_\_ Signature of Participant

Date \_\_\_\_\_

Signature of Sub-Recipient Representative

Date: \_\_\_\_\_