

Exit Information

1. Name of participant _____ 2. PID _____

3. Participant mailing address (if changed)

a. Number and Street, Apt. Number; or PO Box _____

b. City _____

c. County _____

d. State _____

e. ZIP Code _____

4. Phone number of participant (if changed) _____

5. Exit due to unsubsidized placement? (Select one only)

☐ i. Yes, regular employment ☐ ii. Yes, self-employment ☐ iii. No

6.1. For PY18, if exit is not due to unsubsidized employment, other reason for exit (Select one only)

☐ i. Moved from area ☐ ii. For cause ☐ iii. Voluntary ☐ iv. Durational limit
☐ v. Deceased ☐ vi. Participant's health/medical
☐ vii. Institutionalized ☐ viii. Reserve personnel called to active duty
☐ ix. Ineligible due to income at recertification

6a. Non-exit reasons for closing the record (Select one only)

i. ☐ Withdrew application prior to assignment
ii. ☐ *Transferred to another project (specify grantee code) _____
iii. ☐ *Moved to another sub-grantee (specify sub-grantee code) _____
iv. ☐ iv. Dual enrollment

6b. Date of termination letter _____ (MM/DD/YYYY)

7. Date of exit or other closing of record _____ (MM/DD/YYYY)

*No data entry in SPARQ. Field is system-generated

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average six (6) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

SCSEP Exit Form

Waiver of Confidentiality

I, _____, hereby authorize _____

[name of participant] *[name of employer]*

to release to _____ information regarding my employment status
[name of sub-grantee]

and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.

8. Signature of participant _____

9. Date of signing _____ (MM/DD/YYYY)

9c. For PY18, has the participant died since exit?

☐ Yes ☐ No

10. Exit comments