

SCSEP Exit Form

OMB Approval Number: 1205-0040

Expiration Date: 10/31/10

1. Name of participant _____ 2. S.S. # _____

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. 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. Non-income eligible
 v. Durational limit vi. Administrative reasons
 vii. Deceased viii. Health/medical ix. Family care x. Institutionalized

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. Dual enrollment

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

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)

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

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9a. Exclusion discovered after exit (only for exiters not in unsubsidized employment)

i. Deceased ii. Health/medical iii. Family care iv. Institutionalized

9b. Date exclusion occurred _____ (MM/DD/YYYY)

10. Exit comments

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