

**SCSEP Exit Form**

**OMB Approval Number: 1205-0040**

**Expiration Date: 10/31/10**

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. 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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ETA-9123

(Revised May 2009; replaces prior versions)

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, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

## SCSEP Exit Form

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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