APPENDIX B-3

PARTICIPANT SERVICE TERMINATION FORM

(AS PART OF PROGRAM PARTICIPATION FORMS)

Participant Service Termination Form

To be filled by MDO staff:			
Applicant's Name:			
	Name	MI	Last Name
	iname	1/11	Last Name
SET Participant Number:			
Assigned SET Provider:			
Date of Assignment to the SET	Program:		
Designated SET Advisor:			
Date of Program Termination:		_ Referred Bac	k to AJC (Y/N):
Reason for termination:			
-			
-			
_			
To be filled by participant:			
Participant comments (<i>Optional</i>):			

	read the explanation provided above by o terminate program services.	[,] the MDO staff member
Print Name To be filled by MDO staff ON	Signature ILY if participant signature is not obtaine	Date
Explanation of why participant (Required):	signature could not be obtained:	

OMB Control No.: xxxx-xxxx, Expiration Date: xx/xx/20xx

Public Burden Statement

The SET Demonstration is being carried out under the legal authority of PL 105-220 (subtilet D (Sections 171 and 172)). Completing this document, which seeks to help the U.S. Department of Labor understand the effects of SET services on customers' employment-related outcomes, is required to obtain or receive the benefit of a reimbursement for service delivery. The public reporting burden for this collection of information is estimated to average 20 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 to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.