

SCSEP Participant Form

OMB Approval Number: 1205-0040

Expiration Date: 11/30/2021

Participant Information

1. Last name _____ 2. First name _____
3. Middle initial _____ 4. Social Security # _____
4a. Participant ID _____ 5. Home phone (____) _____
5a. Cell phone (____) _____
6. Mailing address

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

b. City

c. State

d. ZIP Code

e. County

6a. Participant's e-mail address _____

6b. Emergency contact: Name _____ Phone (____) _____
Relationship _____

7. State of residence if different from mailing address _____

8. Homeless Yes No 8a. Urban/rural Urban Rural

9. Application date for enrollment or re-enrollment _____ (MM/DD/YYYY)

Eligibility Information

10. Date of birth _____ (MM/DD/YYYY) 11. Number in family _____

12. Receiving public assistance? (Check as many as apply)

- a. No b. Supplemental Security Income (SSI)
 c. TANF d. State or local welfare (General Assistance)
 e. Suppl. Nutrition Assistance (SNAP) f. Subsidized housing
 g. Social Security Disability (SSDI) h. Other
(specify) _____

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 twelve (12) 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).

ETA-9120
(Rev. 2/12/2021)

SCSEP Participant Form

13. Employed prior to participation?

- i. Employed ii. Employed, but with notice of termination iii. Not employed

14. Total includable family income (12-month or 6-month annualized)

\$ _____

15. Family income at or below 100% of poverty level? Yes No

16. Formerly a participant in any SCSEP project? Yes No

17. *Transferred from another project? Yes No

If yes, specify prior grantee code _____

Date of transfer _____

17a. *Change of sub-grantee? Yes No

If yes, specify prior sub-grantee code _____

Date of change _____

Other Personal Characteristics and Information

18. Gender Male Female Did not voluntarily report

19. Ethnicity: Hispanic, Latino, or Spanish origin?

- Yes No Did not voluntarily report

20. Race (Check as many as apply)

- a. American Indian or Alaskan Native b. Asian
 c. Black, African American d. Native Hawaiian/Pacific Islander
 e. White f. Did not voluntarily report

21. Education _____ last grade completed (Select one code from following list)

- | | | |
|--|--|--------------------------------|
| 00=no grade school | 88=GED or certificate of equivalency for HS | 19=doctoral degree |
| 1-11 years of school | 13-15 years of school completed (1-3 years of college) | 21=vocational/technical degree |
| A11=completed 12 years of school but no HS diploma | 16=BA/BS or equivalent | 22=associate's degree |
| 12=HS diploma | 17=education beyond a bachelor's degree | |
| | 18=master's degree | |

22. Limited English Proficiency (LEP) Yes No

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

SCSEP Participant Form

23. If LEP, please specify primary language _____ (Select one code from following list)

- | | | | |
|---------------------|------------------|------------------------------|-----------------|
| 10. Amharic | 20. Hebrew | 30. Mon-Khmer (Cambodian) | 40. Spanish |
| 11. Arabic | 21. Hindi | 31. Navajo | 41. Tagalog |
| 12. Armenian | 22. Miao (Hmong) | 32. Persian (including Dari) | 42. Thai |
| 13. Bosnian | 23. Italian | 33. Polish | 43. Urdu |
| 14. Cantonese (Yue) | 24. Hungarian | 34. Portuguese | 44. Vietnamese |
| 15. French | 25. Ilocano | 35. Punjabi | 45. Yiddish |
| 16. French Creole | 26. Japanese | 36. Russian | 46. Other _____ |
| 17. German | 27. Korean | 37. Samoan | _____ |
| 18. Greek | 28. Laotian | 38. Serbo-Croatian | |
| 19. Gujarathi | 29. Mandarin | 39. Somali | |

24. Low literacy skills? Yes No

25. Veteran (or eligible spouse of veteran)?

- a. Veteran b. Eligible spouse of veteran c. Non-covered person
If veteran, post-9/11 era veteran? Yes No

26. Disability?

- Yes, self-report No
 Yes, documentation Did not voluntarily report

27. At risk of homelessness? Yes No

28. Displaced homemaker? Yes No

29. Failed to find employment after using WIA Title I? Yes No

30. Low employment prospects? Yes No

30a. Formerly incarcerated? Yes No

31. Personal characteristics comments

SCSEP Participant Form

Certification

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

32. Signature of applicant

33. Date of signing

_____ (MM/DD/YYYY)

SCSEP Participant Form

Eligibility Determination

34. Eligible Ineligible

35. If ineligible, reason (Check as many as apply)

- a. Age b. Income c. Residence outside of state
 d. Failed to complete application or provide required documentation
 e. Other (specify) _____

36. If ineligible, action taken (Check as many as apply)

- a. Referred to One-Stop b. Referred to social services
 c. Referred to another project
 d. Placed in unsubsidized employment pursuant to MOU
 e. Other (specify) _____

Enrollment Information

37. Placed on waiting list? Yes No

38. Community service assignment? Yes No

39. Grantee name _____

39a. County of authorized position _____

40. Co-enrollments? (Check as many as apply)

- a. WIOA b. Employment Service c. Adult Education
 d. College/Community College
 e. Other (specify) _____
 f. None

40a. Date of orientation _____ (MM/DD/YYYY)

40b. Date of last physical or waiver _____ (MM/DD/YYYY)

40c. Date of last IEP _____ (MM/DD/YYYY)

SCSEP Participant Form

40d. Job interest codes: 1 _____ 2 _____ 3 _____

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

41. Enrollment comments

42. Signature of director or authorized representative

43. Date of eligibility determination

_____ (MM/DD/YYYY)

SCSEP Participant Form

Recertification

44. Number in family _____

45. Total includable family income (12-month or 6-month annualized)
\$ _____

Certification

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the SCSEP program and may be subject to legal penalties.

46. Signature of participant on recertification _____

47. Eligible Ineligible

48. If ineligible, reason (Check as many as apply)

a. Income b. Failed to complete application or provide required documentation
 c. Other (specify) _____

49. Signature of director or authorized representative on recertification

50. Date of recertification determination _____ (MM/DD/YYYY)

SCSEP Participant Form

Waiver of Durational Limit

51. Severe disability? Yes No
51a. Date of last update _____ (MM/DD/YYYY)

52. Frail? Yes No
52a. Date of last update _____ (MM/DD/YYYY)

53. Old enough for but not receiving SS Title II? Yes No
53a. Date of last update _____ (MM/DD/YYYY)

54. Severely limited employment prospects in area of persistent unemployment?
 Yes No
54a. Date of last update _____ (MM/DD/YYYY)

55. Limited English Proficiency (LEP)? Yes No
55a. Date of last update _____ (MM/DD/YYYY)

56. Low literacy skills? Yes No
56a. Date of last update _____ (MM/DD/YYYY)

*57. 75 or over? Yes No

58. Formerly incarcerated? Yes No
58a. Date of last update _____ (MM/DD/YYYY)

59. Recertification/waiver comments

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

**SCSEP Community Service
Assignment Form**

OMB Control Number: 1205-0040

Expiration Date: 11/30/2021

1. Name of participant _____ 2. PID _____

3. Grantee _____

Host Agency Information

4. Name of host agency _____

5. Host agency mailing address

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

b. City _____

c. State _____ d. ZIP code _____

6. FEIN _____

7. Host agency type: Not-for-profit Government

7a. Date of host agency agreement _____ (MM/DD/YYYY)

7b. Date of host agency monitoring visit _____ (MM/DD/YYYY)

8. Host agency site name and location _____

8a. Host agency job codes: i _____ ii _____ iii _____

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

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 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).

ETA-9121
(Rev. 2/12/2021)

SCSEP Community Service Assignment Form

8b. Host agency continued availability Available Not available

Contact/Supervisor Information

9. Name of contact person _____

10. Contact person's mailing address if different from number 5

a. Organization

b. Number and Street, Suite Number; or PO Box

c. City

d. State

e. ZIP Code

11. Contact person's title _____

11a. Contact person's salutation Mr. Ms. Dr.

12. Contact person's phone number _____

12a. Contact person's fax number _____

12a1. Contact person's cell phone number _____

12b. Contact person's e-mail address _____

Complete fields 12c-12i if supervisor is different from contact person (number 9). If supervisor is the same as contact person, skip to field 12j.

12c. Name of supervisor _____

12d. Supervisor's mailing address if different from number 5

a. Organization

b. Number and Street, Suite Number; or PO Box

c. City

d. State

e. ZIP Code

12e. Supervisor's title _____

SCSEP Community Service Assignment Form

12f. Supervisor's salutation Mr. Ms. Dr.

12g. Supervisor's phone number _____

12h. Supervisor's fax number _____

12h1. Supervisor's cell phone number _____

12i. Supervisor's e-mail address _____

12j. Funding source of supervisor or contact person/supervisor:

Federal Non-federal \$ _____ (hourly rate) _____ (average hours per week)

Assignment Information

13. Assignment date _____ (MM/DD/YYYY)

14. Start assignment date _____ (MM/DD/YYYY)

15. End date _____ (MM/DD/YYYY)

15a. Approved break in participation

Start date _____ (MM/DD/YYYY) Expected end date _____ (MM/DD/YYYY)
Actual end date _____ (MM/DD/YYYY)

15b. Reason for approved break in participation

- i. Family/health iii. Administrative
 ii. Personal iv. Other (specify) _____

15c. Comments on approved break in participation

16. Participant assigned to:

- i. Grantee or sub-recipient/local project
 ii. Workforce partner
 iii. Other host agency

16a. If participant assigned to i or ii:

1. CSA wage (per hour) \$ _____
2. Number of hours per week assigned _____

16b. Participant's schedule

SCSEP Community Service Assignment Form

16c. Date of safety consultation with participant _____ (MM/DD/YYYY)

17. Community service assignment code _____ (Select only one code from following lists)

Service to the general community includes the following activities:

- | | | |
|-------------------------------------|-----------------------------------|---------------------------|
| G1. Education | G6. Environmental Quality | G11. Counseling |
| G2. Health and Hospitals | G7. Public Works & Transportation | G12. Conservation |
| G3. Housing and Home Rehabilitation | G8. Social Services | G13. Community Betterment |
| G4. Employment Assistance | G9. Legal | G14. Other _____ |
| G5. Recreation, Parks, and Forests | G10. Financial | |

Service to the elderly community includes the following activities:

- | | | |
|-------------------------------------|------------------------|---------------------------|
| E1. Project Administration | E6. Nutrition Programs | E11. Counseling |
| E2. Health and Home Care | E7. Transportation | E12. Conservation |
| E3. Housing and Home Rehabilitation | E8. Outreach/Referral | E13. Community Betterment |
| E4. Employment Assistance | E9. Legal | E14. Other _____ |
| E5. Recreation/Senior Centers | E10. Financial | _____ |

18. Community service assignment title _____

18a. Participant's job code _____

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

18b. Participant's workers' compensation code _____

19. Total hours paid in quarter

Quarter 1 _____ Quarter 3 _____
 Quarter 2 _____ Quarter 4 _____

20. Types of training received (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> a. General training (basic skills) | <input type="checkbox"/> d. Other (specify) _____ |
| <input type="checkbox"/> b. Specialized training (specific job/industry) | <input type="checkbox"/> e. None |
| <input type="checkbox"/> c. On-the-job experience (OJE) | |

SCSEP Community Service Assignment Form

20a.1. Type of supportive service provided:

- | | |
|--|---|
| <input type="checkbox"/> i. Dependent care (child or adult) | <input type="checkbox"/> v. Needs-related payments, such as utilities or food |
| <input type="checkbox"/> ii. Health and medical services | <input type="checkbox"/> vi. Special job-related or personal counseling |
| <input type="checkbox"/> iii. Housing, including temporary shelter | <input type="checkbox"/> vii. Transportation |
| <input type="checkbox"/> iv. Incidentals such as work shoes, badges, uniforms, eyeglasses, and tools | <input type="checkbox"/> viii. Other (specify) _____ |

20a.2. Date supportive service provided _____ (MM/DD/YYYY)

20a.3. Supportive service provided by:

- i. Grantee or sub-recipient/local project
 ii. Workforce partner
 iii. Both i and ii
 iv. Other (specify) _____

21. Total hours of paid training received in quarter

Quarter 1 _____	Quarter 3 _____
Quarter 2 _____	Quarter 4 _____

21a. Total hours of paid sick leave in quarter

Quarter 1 _____	Quarter 3 _____
Quarter 2 _____	Quarter 4 _____

22. Community service assignment comments

SCSEP Community Service Assignment Form

Sub-Grantee Provided Training Information

Training Provider Information

23. Name of training provider or OJE employer _____

24. Training provider or OJE employer mailing address

a. Number and Street, Suite Number; or PO Box

b. City

c. State

d. ZIP code

25. Training provider continued availability Available Not available

Contact Person Information

26. Name of training provider or OJE employer contact person _____

27. Contact person's mailing address if different from number 24

a. Organization

b. Number and Street, Suite Number; or PO Box

c. City

d. State

e. ZIP Code

28. Contact person's title _____

29. Contact person's salutation Mr. Ms. Dr.

30. Contact person's phone number _____

31. Contact person's fax number _____

31a. Contact person's cell phone number _____

32. Contact person's e-mail _____

SCSEP Community Service Assignment Form

Training Information

33. Types of training received (Check only one per training record)

- a. General training (basic skills)
 d. Other (specify) _____
 b. Specialized training (specific job/industry)
 c. On-the-job experience (OJE)

34. Job code for which training is provided, if relevant _____

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

35. Participant's workers' compensation code in training _____

36. Start training date _____ (MM/DD/YYYY)

37. End training date _____ (MM/DD/YYYY)

38. Average number of hours of training per week _____

39. Average number of hours of community service per week during training _____

40. If OJE, wages paid by:

- Sub-grantee
 Employer and reimbursed by sub-grantee at rate of _____ %

41. Training wage (per hour) \$ _____

42. Total wages paid to participant or reimbursed to employer \$ _____

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) \$ _____

44. Training Comments

1. Name of participant _____ 2. PID _____

Employer Information

3. Name of employer _____

4. Employer mailing address

a. Number and street, suite number; and/or PO Box

b. City

c. State

d. ZIP code

5. FEIN _____

6. Employer type

Not-for-profit
 Government

For-profit
 Self-employment

7. Is employer a host agency? Yes No

8. Did employer provide an OJE training site for this participant? Yes No

9. Employment site name and location _____

9a. * Date for next customer satisfaction survey for this employer _____

9b. Employer continued availability Available Not available

*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 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 Unsubsidized Employment Form

Contact/Supervisor Information

10. Name of contact person _____

11. Contact person's mailing address if different from number 4

a. Organization name

b. Number and Street, Suite Number; and/or PO Box

c. City

d. State

e. ZIP Code

12. Contact person's title _____

12a. Contact person's salutation Mr. Ms. Dr.

13. Contact person's phone number _____

13a. Contact person's fax number _____

13a1. Contact person's cell phone number _____

13b. Contact person's email address _____

**Complete fields 13c-13i if supervisor is different from contact person (number 10).
If supervisor is the same as contact person, skip to field 14.**

13c. Name of supervisor _____

13d. Supervisor's mailing address if different from number 4

a. Organization name

b. Number and Street, Suite Number; or PO Box

c. City

d. State

e. Zip Code

13e. Supervisor's title _____

13f. Supervisor's salutation Mr. Ms. Dr.

13g. Supervisor's phone number _____

13h. Supervisor's fax number _____

SCSEP Unsubsidized Employment Form

13h1. Supervisor's cell phone number _____

13i. Supervisor's e-mail address _____

Placement Information

14. Start date _____ (MM/DD/YYYY)

15. End date _____ (MM/DD/YYYY)

16. Starting wage per hour \$ _____

17. Benefits (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> a. Health insurance | <input type="checkbox"/> d. Vacation | <input type="checkbox"/> g. Other _____ (specify) |
| <input type="checkbox"/> b. Sick leave | <input type="checkbox"/> e. Transportation | <input type="checkbox"/> h. None |
| <input type="checkbox"/> c. Pension/profit sharing | <input type="checkbox"/> f. Room and board | |

18. At time of placement, is employment expected to be full- or part-time?

- Full-time Part-time

If part-time, number of hours per week expected _____

19. Job title _____

19a. Participant's job code _____

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

19b. High-growth placement

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Automotive | <input type="checkbox"/> 6. Financial Services | <input type="checkbox"/> 11. Retail |
| <input type="checkbox"/> 2. Advanced Manufacturing | <input type="checkbox"/> 7. Geospatial | <input type="checkbox"/> 12. Transportation |
| <input type="checkbox"/> 3. Biotechnology | <input type="checkbox"/> 8. Health Care | <input type="checkbox"/> 13. None |
| <input type="checkbox"/> 4. Construction | <input type="checkbox"/> 9. Hospitality | |
| <input type="checkbox"/> 5. Energy | <input type="checkbox"/> 10. Information Technology | |

SCSEP Unsubsidized Employment Form

20. Training-related placement? Yes No

21. Was placement the result of a substantial service provided to the employer by the sub-grantee? Yes No

21a. Type of supportive service provided:

- | | |
|--|---|
| <input type="checkbox"/> i. Dependent care (child or adult) | <input type="checkbox"/> v. Needs-related payments, such as utilities or food |
| <input type="checkbox"/> ii. Health and medical services | <input type="checkbox"/> vi. Special job-related or personal counseling |
| <input type="checkbox"/> iii. Housing, including temporary shelter | <input type="checkbox"/> vii. Transportation |
| <input type="checkbox"/> iv. Incidentals such as work shoes, badges, uniforms, eyeglasses, and tools | <input type="checkbox"/> viii. Other (specify) _____ |

21b. Date supportive service provided _____ (MM/DD/YYYY)

21c. Supportive service provided by:

- i. Grantee or sub-recipient/local project
 ii. Workforce partner
 iii. Both i and ii
 iv. Other (specify) _____

22. Unsubsidized employment comments

Customer Service Survey Information

23. CS survey number 1 _____ Date of delivery _____ (MM/DD/YYYY)

24. CS survey number 2 _____ Date of delivery _____ (MM/DD/YYYY)

25. CS survey number 3 _____ Date of delivery _____ (MM/DD/YYYY)

SCSEP Unsubsidized Employment Form

Follow-up Information

26. *90-day date _____ (MM/DD/YYYY)

27. Has the participant returned to program within the first 90 days after exit?
 Yes No

27a. Has the participant re-enrolled in SCSEP within the first 90 days after exit?
 Yes No

28. Follow-up 1

a. *Scheduled date _____ (MM/DD/YYYY)

b. Completed date _____ (MM/DD/YYYY)

c. Any wages for second quarter after exit quarter?

i. No wages

ii. Yes, supplemental

29. Follow-up 2

a. *Scheduled date _____ (MM/DD/YYYY)

b. Completed date _____ (MM/DD/YYYY)

c. Earnings for second quarter after exit quarter \$ _____

30. Follow-up 3

*Scheduled date _____ (MM/DD/YYYY)

Completed date _____ (MM/DD/YYYY)

Any wages for fourth quarter after exit quarter?

i. No wages

ii. Yes, supplemental

31. Customer satisfaction and follow-up comments.

--

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

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. 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. Has the participant died since exit?

Yes No

10. Exit comments

--