SCSEP Exit Form

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. 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
   □ 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)

7a. Will participant engage in volunteer work after participation?
   □ Yes  □ No  □ Unknown
   If yes, number of volunteer activities __________

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

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(Revised March 2012; replaces prior versions)
Waiver of Confidentiality

I, __________________________________, hereby authorize __________________________________ [name of participant] to release to __________________________________ information regarding my employment status [name of employer] 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)

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

Volunteer Information

11. Name of primary volunteer activity__________________________________________

12. Activity conducted in: □ Not-for-profit organization □ Faith-based organization
    □ Government organization   □ Informal; no organization

13. Is this activity conducted in a SCSEP host agency?    □ Yes    □ No

14. Number of hours per quarter participant expects to volunteer in this activity________

15. Total number of volunteer activities___________

16. Follow-up
   a. *Scheduled date____________________ (MM/DD/YYYY)
   b. Completed date____________________ (MM/DD/YYYY)
   c. Engaged in volunteer work?    □ Yes    □ No

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