

Exit Form

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? Yes No

6. If exit is not due to unsubsidized employment, other reason for exit (Select one only)

a. Moved from area

b. For cause

c. Voluntary

d. Non-qualifying placement

e. Non-income eligible

f. Other (specify) _____

g. Deceased

h. Health/medical

i. Transferred to another project

j. Family care

k. Institutionalized

l. Withdrew from waiting list

7. Date of exit _____ (MM/DD/YYYY)

Waiver of Confidentiality

I, _____, hereby authorize _____

[name of participant]

[name of employer]

to release to _____ information regarding my employment

[name of sub-grantee]

status 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).