



February 4, 2005

**EASTERN CAROLINA LOCAL AREA ISSUANCE NO. 2003-06 change 1**

**SUBJECT:** Request to Exit WIA Participants

**PURPOSE:** To transmit policy regarding the exiting of WIA participants

**BACKGROUND:** Performance standards are calculated on outcomes of participants that exit WIA. In order to monitor performance an evaluation of any potential negative exits will be done.

**ACTION:** All WIA service providers will complete the appropriate request to exit participant form for any potential negative exits. These forms should be signed by the program coordinator and submitted to the Local Area for approval.

**EFFECTIVE DATE:** Immediately

**EXPIRATION DATE:** Indefinite

**CONTACT:** Executive Director

**DISTRIBUTION:** All WIA Service Providers

*Tammy Childers*

Tammy L. Childers, Executive Director

Attachment

## REQUEST TO EXIT Adult/Dislocated Worker And Older YOUTH WIA Participants

*Please provide the following information and attach case notes to this completed request.*

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Planned Leave/Exit Date \_\_\_\_\_

Cohort:                     Adult     Dislocated Worker     Older Youth

<b>Leave Program Information</b> <i>(please check one of the following)</i>	
<input type="checkbox"/> Entered Unsubsidized Employment	<input type="checkbox"/> Inter-Title Transfer
<input type="checkbox"/> Family Care	<input type="checkbox"/> Laid Off
<input type="checkbox"/> Loss of Contact	<input type="checkbox"/> Other
<input type="checkbox"/> Loss of Child Care	<input type="checkbox"/> Refused to Continue
<input type="checkbox"/> Met All Program Goals	<input type="checkbox"/> Retired
<input type="checkbox"/> Moved From Area	<input type="checkbox"/> Soft Exit
<input type="checkbox"/> Substance Abuse or Dependence	<input type="checkbox"/> Transfer/Other
<input type="checkbox"/> Transportation	
<b>Outcome Information</b>	
Attained a recognized Education/Credential before Exit or by end of 3 <sup>rd</sup> quarter after exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Type of credential received <i>(Please check one of the following)</i>	
<input type="checkbox"/> High School diploma/equivalent GED	<input type="checkbox"/> NA, No training Received
<input type="checkbox"/> AA or AS Degree	<input type="checkbox"/> No Credential Received
<input type="checkbox"/> BA or BS Degree	<input type="checkbox"/> Occupational Skills Certificate or Credential
<input type="checkbox"/> Individual Received Training	<input type="checkbox"/> Occupational Skills License
<input type="checkbox"/> Other	
Called back/remained with layoff employer (Required for Dislocated Worker)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Entered Unsubsidized Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other Reason for Exit (Required for All) <i>(please check one of the following):</i>	
<input type="checkbox"/> Death (Exclude)	<input type="checkbox"/> Family Care
<input type="checkbox"/> Health/Medical (Exclude)	<input type="checkbox"/> Lacks Transportation
<input type="checkbox"/> Institutionalized (Exclude)	<input type="checkbox"/> Other, services completed
<input type="checkbox"/> Cannot locate	<input type="checkbox"/> Other, services not complete
<input type="checkbox"/> Reservists called to active duty who choose not to return to WIA (Exclude)	

Pre-Program Wages	
Post Program Wages	

Please explain negative impact on performance below:

<b><u>Explanation for Negative Impact on Performance:</u></b>

<b>Submitted By {signature}</b>	<b>Agency Name</b>	<b>Date Submitted</b>
<b>Approved By</b>	<b>Title</b>	<b>Date Approved</b>

## REQUEST TO EXIT YOUNGER YOUTH WIA PARTICIPANTS

*Please provide the following information and attach case notes to this completed request.*

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Planned Leave/Exit Date \_\_\_\_\_

### Assessment Information

Reading level:		Instrument used:	
Math level:		Instrument used:	
Post Reading level:		Instrument used:	
Post Math level:		Instrument used:	

### Leave Program Information *(Please check one of the following)*

<input type="checkbox"/> Entered Unsubsidized Employment	<input type="checkbox"/> Inter-Title Transfer
<input type="checkbox"/> Family Care	<input type="checkbox"/> Laid Off
<input type="checkbox"/> Loss of Contact	<input type="checkbox"/> Other
<input type="checkbox"/> Loss of Child Care	<input type="checkbox"/> Refused to Continue
<input type="checkbox"/> Met All Program Goals	<input type="checkbox"/> Retired
<input type="checkbox"/> Moved From Area	<input type="checkbox"/> Soft Exit
<input type="checkbox"/> Substance Abuse or Dependence	<input type="checkbox"/> Transfer/Other
<input type="checkbox"/> Transportation	

### Outcome Information

Youth still in secondary Education at Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth entered postsecondary education	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of entrance	
Youth entered advanced training education	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of entrance	
Youth entered military service	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of entrance	
Youth entered qualified apprenticeship	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of entrance	
Attained High School Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attained a GED or HS Equivalency	<input type="checkbox"/> Yes <input type="checkbox"/> No

Youth entered unsubsidized employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of entrance	
Pre-Program Wages	
Post Program Wages	
Please explain negative impact on performance below:	

<b>Explanation for Negative Impact on Performance:</b>

<b>Submitted By {signature}</b>	<b>Agency Name</b>		<b>Date Submitted</b>
	<b>ECWDB Director</b>		
<b>Approved By</b>	<b>Title</b>		<b>Date Approved</b>