

# Exit Form

## Youth

Part ID: \_\_\_\_\_ Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Second Contact Number: \_\_\_\_\_ Date of WIOA Exit: \_\_\_\_\_

Completed WIOA or Partner Ser- Yes or No Received Credentials: Yes or No **MUST ATTACH DOCUMENTATION**

Received: GED  High School Diploma  Associates Degree

Certificate of successful completion of Occupational Skills Training

License: Type \_\_\_\_\_

Waiting to: take test or receive results Date expected: \_\_\_\_\_

### WIOA Title I and Partner Program Participation:

WIOA Adult (local)	<input type="checkbox"/>	Rapid Response	<input type="checkbox"/>	Veterans' Programs	<input type="checkbox"/>	Community Services	<input type="checkbox"/>
Dislocated Worker	<input type="checkbox"/>	Rap	<input type="checkbox"/>	Trade Adjustment Act	<input type="checkbox"/>	HUD	<input type="checkbox"/>
Youth (local)	<input type="checkbox"/>	Natl Emergency Grant	<input type="checkbox"/>	NAFTA-TAA	<input type="checkbox"/>	Unemployment Comp.	<input type="checkbox"/>
Youth (Statewide 15%)	<input type="checkbox"/>	Adult Education	<input type="checkbox"/>	Vocational Education	<input type="checkbox"/>	Other non-WIOA Programs	<input type="checkbox"/>
Displaced Homemaker	<input type="checkbox"/>	Job Corps	<input type="checkbox"/>	Wagner-Peyser Act	<input type="checkbox"/>	Title V Activities	<input type="checkbox"/>
In- Other Statewide	<input type="checkbox"/>	Migrant & Seasonal Farm	<input type="checkbox"/>	Welfare-to-Work	<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>
	<input type="checkbox"/>	Native American	<input type="checkbox"/>				

Supportive Service Received: Yes or No Needs-Related Payment Received: Yes or No

Training Code: \_\_\_\_\_ Training Code Type: \_\_\_\_\_

### Employment:

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupational Title: \_\_\_\_\_ Occupational Code (ONet Code): \_\_\_\_\_

Wage: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_ Date Started: \_\_\_\_\_

### If Not Employed: Other reason for exit

Health  Deceased  Institutionalized  Other explanation \_\_\_\_\_  
Problems (including in-carceration)

### Continuing Education? Yes or No

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Course of Study: \_\_\_\_\_

### Youth Placement Information:

For first quarter after exit

Entered Post Secondary Education	<input type="checkbox"/>	Entered Qualified Apprenticeship	<input type="checkbox"/>
Entered Advanced Training	<input type="checkbox"/>	Entered Unsubsidized Employment	<input type="checkbox"/>
Entered Military Service	<input type="checkbox"/>		

Has participant been made aware of Customer Satisfaction Survey and follow-up services procedure? Yes or No

\_\_\_\_\_

Case manager signature

\_\_\_\_\_

Date

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\_\_\_\_\_

AAO Signature

\_\_\_\_\_

Date

Comments: