

Closure Request Form

Name: _____ State ID Number: _____

Career Advisor: _____ Date Requested: _____

Program: Adult Dislocated Worker Youth Other: _____

Outcomes

Entered unsubsidized employment

Credential Received? Yes No

Self-employed

Type of Credential: _____

Loss of contact

Measurable Skill Gain recorded? Yes No

Met all program goals

Exclusions *see back for definitions*

Health/Medical

Institutionalized

Deceased

Reserve Forces called to Active Duty

Foster Care (Youth only)

Employment

Place of Employment: _____

Position/Title: _____ Start Date: _____

Number of hours per week: _____ Hourly Salary: _____

NCWorks Online

All activities closed properly

IEP closed properly (including all goals and objectives)

Case closure case note recorded and contains all required information

All Measurable Skill Gains and Credentials have been recorded and verified

All means of contact attempted and documented, *if applicable*

Drop Out Form uploaded and Program Activity matches last date of attendance listed on form, *if applicable*

To be completed by Program Supervisor

Last WIOA Service: _____

Date Returned: _____ Closure Granted? Yes No

Other Action Needed, *if applicable*: _____

Program Supervisor Signature: _____ Date: _____

Exclusion Definitions

Health/Medical: The participant exits the program because of medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program.

Institutionalized: The participant exits the program because he or she has become incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour support, such as a hospital or treatment center, during the course of receiving services as a participant.

Deceased: The participant is deceased.

Reserve Forces called to Active Duty: The participant exits the program because the participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days.

Foster Care (Youth only): The participant is in the foster care system, as defined in 45 CFR 1355.20(a), and exits the program because the participant has moved from the local workforce area as part of such a program or system.