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
☐ Other (explain): _____

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.