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Rivers East WORKFORCE DEVELOPMENT BOARD



Closure Request Form

Participant Name: _____ State ID: _____

Career Advisor: _____ Date Submitted to Supervisor: _____

Program: Adult Dislocated Worker Youth

Outcomes

- Entered unsubsidized employment
 - Self-employed
 - Loss of contact
 - Met all program goals
 - Other: _____
- Credential received? Yes No
 - Credential Name: _____
 - Measure skill gain recorded? Yes No

Exclusions *see back for definitions*

- Health/Medical
- Institutionalized
- Deceased
- Reserved Forces called to Active Duty
- Foster Care (youth only)

Employment

Employer Name: _____

Position/Title: _____ Start Date: _____

Number of hours per week: _____ Salary/Rate of Pay: _____

NCWorks Online

- All activities have been recorded properly (dates match documentation uploaded, case notes entered, etc.)
- Last activity was a staff assisted activity
- Case closure case note has been recorded and includes outcomes, employment status, etc.
- IEP closed properly (including all goals and objectives)
- All Measurable Skills Gains and Credentials have been recorded and documentation has been uploaded
- All means of contact have been attempted and documented, *if closing for loss of contact*

Staff Signature: _____ Date: _____

To be completed by supervisor

Closure Granted? Yes

Supervisor Signature: _____ Date: _____



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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 they have 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.

Reserved 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 a part of such a program or system.