



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

EXIT INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 232 (5-2023)

PARTICIPANT INFORMATION

Name (First, Last)	Telephone Number	Cell Phone Number	
Mailing Address	City	State	ZIP Code

EXIT TO EMPLOYER INFORMATION ☐ Not Applicable

Reason for Program Exit (select only one) <input type="checkbox"/> Regular Employment <input type="checkbox"/> Self-Employment	SCSEP End Date (last day of training at host agency)
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EMPLOYER INFORMATION

Organization Name			
FEIN Number	Business Type <input type="checkbox"/> Non-profit <input type="checkbox"/> Faith-based <input type="checkbox"/> Government <input type="checkbox"/> Informal		
Supervisor Name		Supervisor Title	
Email Address	Telephone Number	Cell Phone Number	
Mailing Address	City	State	ZIP Code
Will this supervisor be the survey contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Specify Name of Survey Contact at Employer):			
Employment Start Date	Starting Hourly Wage	Is your employer a host agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Job Code	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Number of Hours Expected to Work per Week	
Benefits (check all that apply) <input type="checkbox"/> Health Insurance <input type="checkbox"/> Sick Leave <input type="checkbox"/> Pension/Profit Sharing <input type="checkbox"/> Vacation <input type="checkbox"/> Transportation <input type="checkbox"/> Room and Board <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None			
Training Related Placement <input type="checkbox"/> Yes <input type="checkbox"/> No	Placement Result of Substantial Service Provided to Employer by Sub-Grantee <input type="checkbox"/> Yes <input type="checkbox"/> No		
OJE Training Site Provided by Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments			

DISCLAIMER AND SIGNATURE

I authorize SCSEP to collect information regarding my employment status and wages from my employer for a period of 13 months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with SCSEP in a manner that is individually identifying.

If you agree, provide signature and date below:

Signature	Date
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If you do not authorize SCSEP to collect such information, check here: ☐

EXIT DUE TO OTHER REASON THAN EMPLOYMENT ☐ Not Applicable

Reason for Program Exit (select one)	
<input type="checkbox"/> Moved from Area <input type="checkbox"/> Voluntary <input type="checkbox"/> Durational Limit <input type="checkbox"/> For Cause	
<input type="checkbox"/> Exclusion - If Exclusion Select one:	
<input type="checkbox"/> Called to Active Duty Reserve Forces <input type="checkbox"/> Deceased <input type="checkbox"/> Income Ineligible at Re-Certification	
<input type="checkbox"/> Institutionalized <input type="checkbox"/> Participant Health/Medical	
Exit Date	Date of 30-Day Notice Letter (ex. For Cause)
Comments	

VOLUNTEER INFORMATION ☐ Not Applicable

Number of Volunteer Activities Engaging In After SCSEP Participation	Weekly Volunteer Hours
Primary Volunteer Activity	Is volunteer agency a SCSEP host agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Conducted For <input type="checkbox"/> Non-profit <input type="checkbox"/> Faith-based <input type="checkbox"/> Government <input type="checkbox"/> Informal	