

APPENDIX B-3

PARTICIPANT SERVICE TERMINATION FORM

(AS PART OF PROGRAM PARTICIPATION FORMS)

Participant Service Termination Form

To be filled by MDO staff:

Applicant's Name:

First Name *MI* *Last Name*

SET Participant Number:

Assigned SET Provider:

Date of Assignment to the SET Program:

Designated SET Advisor:

Date of Program Termination: _____ Referred Back to AJC (Y/N): _____

Reason for termination:

To be filled by MDO staff:

Reason for termination of program support and services to SET participant:

To be filled by participant:

Participant comments

(Optional): _____

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Participant Signature: I have read the explanation provided above by the MDO staff member and agree with the decision to terminate program services.

Print Name

Signature

Date

To be filled by MDO staff ONLY if participant signature is not obtained:

Explanation of why participant signature could not be obtained:
(Required): _____

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OMB Control No.: xxxx-xxxx, Expiration Date: xx/xx/20xx

Public Burden Statement

The SET Demonstration is being carried out under the legal authority of PL 105-220 (subtitle D [sections 171 and 172]). Completing this document, which seeks to help the U.S. Department of Labor understand the effects of SET services on customers' employment-related outcomes, is required to obtain or receive the benefit of a reimbursement for service delivery. The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.