

# OUTCOME/TERMINATION FORM

1 Service / Program: \_\_\_\_\_

2 Provider: \_\_\_\_\_

## Client Information

3 \_\_\_\_\_  
Last Name First Name  
4 \_\_\_\_\_ OR \_\_\_\_\_  
Social Security Number TEAMS ID

## Outcome Information

5 \_\_\_\_\_  
Service Program End Date

6 \_\_\_\_\_  
Outcome Type (ie: Unsubsidized Employment)

### 7 Labor Status

\_\_\_\_ Full Time  
\_\_\_\_ Part Time  
\_\_\_\_ Un-Employed

### 8 Certificate Type Attained

\_\_\_\_ HS Diploma (1)  
\_\_\_\_ GED (2)  
\_\_\_\_ AA / AS (3)  
\_\_\_\_ BA / BS (4)  
\_\_\_\_ OCC Skills License (5)  
\_\_\_\_ OCC Skills Cert. (6)  
\_\_\_\_ Other (7)  
\_\_\_\_ No Cred / Trng Rec'd (8)



23 Date HS Diploma or GED Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Job Information

9 \_\_\_\_\_ 10 \_\_\_\_\_  
Employer Name Street

City State Zip Code 11 \_\_\_\_\_  
County

12 \_\_\_\_\_ 13 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 14 \_\_\_\_\_  
Phone Begin Date Job Title

15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_ 20 \_\_\_\_\_  
Avg. Hours per Week Hourly Wage ONET Code NAICS Code

18 Fringe Benefits  Non Trad Emp  UI  19 Public  Private

21 Training Related  YES  NO  UNDETER 22 Training Related Method  1  2  3

## Client Address Change at Termination

24 \_\_\_\_\_ 25 \_\_\_\_\_  
New Street Address County

City State Zip Code Phone

## Support Services

Services Management Notebook - Program Participation Tab

26 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 27 \$ \_\_\_\_\_ 28 \_\_\_\_\_  
Date Issued Cost Type Identifier Code

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_  
Date Issued Cost Type Identifier Code

29 Counselor: \_\_\_\_\_

Data Entry Information - (File Use Only - Not Entered)

30 Reviewed / Entered By: \_\_\_\_\_

31 Date: \_\_\_\_\_