

NEXTGEN PROGRAM END-OF-SERVICES (EOS) EXIT FORM

Participant Name:	VOS State ID:
NGSP Staff Name:	EOS Date:

- The End-of-Service (EOS)/Exit Date is the last date of service. This date must be after the last GOAL obtained on the Service Plan and after the start date of unsubsidized employment or post-secondary placement.
- Leave service activity 417-Comprehensive Counseling open - ARC will complete this service activity.
- Fill out section A OR B of this form. Then sign and date.

SECTION A: POSITIVE (SUCCESSFUL)			
<input type="checkbox"/> Credential Attainment (Recognized education/occupational license/certificate/credential/diploma/degree)			
<input type="checkbox"/> High School Diploma (HSD) <input type="checkbox"/> GED		Attainment Date:	
<input type="checkbox"/> HSD/GED obtained prior to enrollment (if applicable)			
<input type="checkbox"/> Occupational Skills License		<input type="checkbox"/> Occupational Skills Certificate or Credential	
<input type="checkbox"/> BA or BS Degree/Diploma		<input type="checkbox"/> AA or AS Degree/Diploma	
Name of Credential:		Attainment Date:	
<input type="checkbox"/> Unsubsidized Employment <input type="checkbox"/> Military			Start Date:
Company/Branch Name:			
Address (Local):		City:	State: Zip Code:
Supervisor Name:		Employer Phone:	
Job/Rank Title:		Wage (per hour): \$	Hours (per week):
Primary Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Receiving Fringe Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Training-Related: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Covered by Unemployment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Non-Traditional Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registered Apprenticeship: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a <u>green</u> job: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How was this job verified? _____			
<input type="checkbox"/> Post-secondary/Advanced Training Placement			Start Date:
School Name:		Major/Training Program:	
Enrollment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		How was this placement verified? _____	

SECTION B: NEGATIVE (UNSUCCESSFUL) or NEUTRAL	
<input type="checkbox"/> Lost contact (Attempts to re-establish contact documented)	<input type="checkbox"/> Participant Refuses to Continue
<input type="checkbox"/> Other (describe): _____	
<input type="checkbox"/> Institutionalized	<input type="checkbox"/> Health/Medical <input type="checkbox"/> Deceased <input type="checkbox"/> In Foster Care <input type="checkbox"/> Activated Reservist <input type="checkbox"/> Family Care
Attach documents that support exclusion, upload to VOS, and add c-notes.	

NGSP Staff Signature

Date