

CCMEP Participant Exit and Planning for Success Checklist

Factors to consider when exiting a participant

Participant Name: _____ Exit Date: _____

School Status at Entry:

- In-School (14 – 21 yrs. of age - Plan for credential attainment) Out-of-School (16 – 24 yrs. of age)

Does the participant meet an exit reason per rule 5101:14-1-06? Yes No
 (Check one) Employment, Military, Education (*Participant is successful & no longer needs services*)
 Details: _____
 Awarded SSI/SSDI & made application with OOD
 Non-Engagement / five failed attempts
 No longer eligible for CCMEP funding
 Globally excluded per rule [5101:14-1-07](#) (*not in denominator*): _____

Does the participant need any additional services? Yes No

Follow up services include: case management; adult mentoring; financial literacy; supportive services;
 labor market/career counseling; preparation for and transition to post-secondary education; and job retention and career advancement

Is funding available for follow-up services? Yes No

Is participant co-funded? Yes No

Is participant in WIOA Adult follow up? Yes No

(Follow-up is required every 30 days for at least 12 months after exit)

Is the participant considered self-sufficient? Yes No

	Yes	No		Yes	No
Currently receiving OWF benefits? (If yes, cannot be exited)			Can afford housing/utilities?		
Currently receiving SNAP benefits?			Can afford transportation?		
Healthcare is available (and affordable) OR Is covered under healthcare plan?			Can afford childcare (if applicable)?		

Is an **Exit Plan**, including a long term plan for success, in place? Yes No

	Yes	No		Yes	No
Transportation and back-up plan?			Strong support system?		
Childcare and back-up childcare?			Stable housing?		
Career advancement plan?			Driver's license?		

Exit Plan Details:

Is the participant entering the military? Yes No

(If yes, enter information below)

Branch: _____

Position: _____ Expected Salary: \$ _____

Contact address: _____

Is the participant self-employed (*this can include gig-work*)? Yes No
(If yes, enter information below)

Business name or services offered: _____

Expected Weekly Salary: \$ _____ Calculated Quarterly Salary? _____

Contact information: _____

Are services closed and has the Notice been sent? Yes No

Engagement Information

What is the best way to maintain contact during follow-up?

Phone/Cell/Text: _____

Mail/Email Address: _____

Social Media: _____

Second point of contact name: _____

Phone/Cell/Text: _____

Mail/Email Address: _____

Permission to contact the participant at their place of employment? Yes No

Permission to contact the employer to obtain employment information? Yes No

Permission to contact the training provider to obtain training information? Yes No

Employer/ Training Provider's Name: _____

Employer/ Training Provider's Address: _____

Employer/ Training Provider's Phone: _____

Notes:

Performance Measures

The following three performance measures apply to all participants who are not globally excluded:

- Education/ Employment 2nd Qtr. after exit
 - If education, was it entered on post exit screens? Yes No
 - If military/employment, was it entered on post exit screens with wages? Yes No
- Education/ Employment 4th Qtr. after exit
 - If education, was it entered on post exit screens? Yes No
 - If military/employment, was it entered on post exit screens with wages? Yes No

The following measures apply to those in education or training:

- Measurable skill gains (*A gain needs to be attained by June 30th*) Yes No
 - Type of gain: _____
 - How the gain is documented (assessment, report card, etc.)? _____
 - Is information entered on skill gain tab in OWCMS? Yes No
- Credential attainment
 - Type of credential: _____
 - Is employment or post-secondary education required? Yes No
 - If yes, education and/or employment/wages entered in OWCMS? Yes No

The following measure is applicable if the participant was employed 2nd quarter after exit:

- 2nd Quarter After Exit Median Earnings
 - Wages for the quarter: \$ _____ (*Hourly wage x Hours per week x 13*)
 - Were wages entered on post exit screens in OWCMS? Yes No

Quarterly Employer/Wages/Credential

(Post Exit & Wages in OWCMS) Qtrs begin 1st calendar quarter after exit date

Qtr 1: _____ **Qtr 3:** _____

Qtr 2: _____ **Qtr 4:** _____

Follow-up is required every 30 days for 12 months after exit

Date(s)	# of Attempts	Methods	OWCMS Noted
1 st Month _____	_____	_____	<input type="checkbox"/>
2 nd Month _____	_____	_____	<input type="checkbox"/>
3rd Month _____	_____	_____	<input type="checkbox"/>
4 th Month _____	_____	_____	<input type="checkbox"/>
5 th Month _____	_____	_____	<input type="checkbox"/>
6th Month _____	_____	_____	<input type="checkbox"/>
7 th Month _____	_____	_____	<input type="checkbox"/>
8 th Month _____	_____	_____	<input type="checkbox"/>
9th Month _____	_____	_____	<input type="checkbox"/>
10 th Month _____	_____	_____	<input type="checkbox"/>
11 th Month _____	_____	_____	<input type="checkbox"/>
12th Month _____	_____	_____	<input type="checkbox"/>

Methods Key: (P)hone (S)econdary Contact (T)ext (E)mail (L)etter Social (M)edia

Notes: