



**NORTH CAROLINA  
Senior Community Service Employment Program**

**APPROVED BREAK IN PARTICIPATION**

Participant Name: \_\_\_\_\_ ID#: \_\_\_\_\_

1. Start Date: \_\_\_\_\_
2. Expected End Date: \_\_\_\_\_
3. End Date: \_\_\_\_\_
4. Reason for Approved Break in Participation (Select one only)
  - a. Family/Health \_\_\_\_\_
  - b. Personal \_\_\_\_\_
  - c. Administrative \_\_\_\_\_
  - d. Other (specify) \_\_\_\_\_

**Case Note:**

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

Source of Information (Name): \_\_\_\_\_ Organization: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**Case Note:**

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SCSEP Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_