

Youth Build

Corbin, Adam

Oct - May 2011

#2

YBTC

Exit

Follow-up



Logged In as Goetz, Michelle

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FOLLOW-UP

Form No: ETA 9136
Expiration Date: 04/30/2014
Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmanderson@tbalsd.k12.mi.us

[View other Grant](#)

Adam Corbin (Edit)
Participant ID: YB18395
Cohort: October 2010
Team: TCAPS 2

Participant Alerts - 1 total
 No current alerts ([add new](#))

[Add New Case](#)
[Add New Service](#)



	1st Quarter After Exit	2nd Quarter After Exit	3rd Quarter After Exit	4th Quarter After Exit		
Existing Follow-Up entries:						
	Add New Follow-Up					
Follow-Up date	Employed 3rd qtr After Exit	Enrolled in Post-Sec Education 3rd Qtr After Exit	Enrolled in Voc Training 3rd Qtr After Exit	Employed 1st Qtr After Exit	Enrolled in Post-Sec Education 1st Qtr After Exit	Enrolled in Voc Training 1st Qtr After Exit
06/06/2012	Yes	No	No	No	Yes	
<i>Successful 3rd Qtr</i>						





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Participant ID: YB18395
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[1st Quarter After Exit](#) [2nd Quarter After Exit](#) **[3rd Quarter After Exit](#)** [4th Quarter After Exit](#)

Post-Program Employment and Job Retention Data (04/2012 - 06/2012)

Update Follow-up: 3rd Quarter After Exit Quarter

Date of Follow-up *
Mode of Contact *
If 'Other' please specify
Successful Follow-up * Yes No

If 'Successful follow-up' is 'Yes', then the data elements (below) marked by '>>' are required.
Note: Grayed out fields indicate a current placement does not exist.

>> 1. Employed Yes No
 1a. Hours Worked in a Full Week
 1b. Hourly Wage First Full Week of Work \$ (xx.xx)
>> 2. Enrolled in Post-Secondary Education Yes No
 2a. Hours Attended Post-Secondary Education in a Full Week
>> 3. Enrolled in Vocational Training Yes No
 3a. Hours Attended Vocational Training in a Full Week
 3b. Hourly Wage First Full Week of Work \$ (xx.xx)

Additional Information

Received Public Assistance After Exit
If 'Other government sources' please specify





Employment Verification Form

To be completed by the employer

Please legibly **print** information, sign, and fax to 231-922-6325, attention Kim Gribi

Date Requested: 6/6/12

Participant Name: Adam Corbin

Employer Name: Barker Creek Nursery

Employer Address: 7048 N-72 NW Williamsburg, MI 49690
Street City State Zip

Employer Phone: 231-267-5972 Employer Fax: 267-9917

Employer contact email address: _____

Date participant began work: 3-25-12 Job title: Laborer

Average hours per week: abt. 20-40 + Hourly wage: minimum wage \$7.90

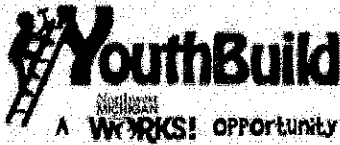
Last day of employment (if no longer employed): 5/1/12

Reason for leaving (if no longer employed):

- Resigned (reason, if known) _____
- Quit, no reason given
- Temporary or seasonal position (employment no longer available)
- Terminated

Verification completed by: Terry Bertrand Title: Manager Co-owner
Print Print

Signature: Terry B Bertrand Date: 6/6/12



Employment Verification Form

To be completed by the employer

Please legibly **print** information, sign, and fax to 231-922-6325, attention Kim Gribi

Date Requested: 4/2/12

Participant Name: Adam Corbin

Employer Name: Barker Creek Nursery Inc.

Employer Address: 7048 M-72 NW Williamsburg MI 49690
Street City State Zip

Employer Phone: 231-267-5972 Employer Fax: 231-267-9917

Employer contact email address: _____

Date participant began work: 3/25/12 Job title: Nursery Laborer

Average hours per week: 30-40 HRS Hourly wage: \$7.50

Last day of employment (if no longer employed): _____

Reason for leaving (if no longer employed):

- Resigned (reason, if known) _____
- Quit, no reason given
- Temporary or seasonal position (employment no longer available)
- Terminated

Verification completed by: Cynthia Coy Title: MANAGER
Print Print

Signature: Cynthia Coy Date: 4/3/12



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OUTCOMES

Form No: ETA 9136
 Expiration Date: 04/30/2014
 Grantee: NORTHWEST MICHIGAN COUNCI...
 Grant No: YB-19248-09-60-A-26
 Class: 09
 Contact: Lisa Anderson (231) 922-6507
 Email: lmmanderson@tbaisd.k12.mi.us

[View other Grant](#)

Adam Corbin [\(Edit\)](#)
 Participant ID: YB18395
 Cohort: October 2010
 Team: TCAPS 2

Participant Alerts - 1 total
 No current alerts ([add new](#))

[Add New Case](#)
[Add New Service](#)



Outcomes Overview

Employment Placement [Employer Management](#) | [Add New Employment Placement](#)

Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage
Barker Creek Nursery	Terry Bertrand	03/25/2012		\$7.40

Education Placement [Education Management](#) | [Add New Educational Placement](#)

Institution/Organization Name	Date of Placement	Last Date of Education	Type of Program
Traverse City High School	08/23/2011	10/14/2011	Other

Certificate/Degree [Add New Certificate/Degree](#)

Certificate/Degree Attained	Date Entered	Date Attained	Name of Diploma
Attained a certificate in recognition of attainment of technical or occupational skills	10/01/2010	03/17/2011	NCCER Certification
Attained High School Diploma	10/01/2010	10/14/2011	High School Diploma

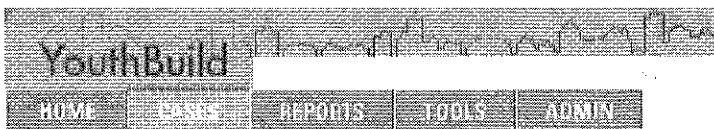
Arrest/Re-adjudications/Re-incarcerations [Add New Arrest/Re-adjudication](#)

Delete	Type	Date Re-adjudicated/ Re-incarcerated/ Violated
	Not Re-adjudicated.	N/A



Department of Labor

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FOLLOW-UP

Form No: ETA 9136
 Expiration Date: 04/30/2014
 Grantee: NORTHWEST MICHIGAN COUNCI...
 Grant No: YB-19248-09-60-A-26
 Class: 09
 Contact: Lisa Anderson (231) 922-6507
 Email: lmAnderson@rbalsd.k12.mi.us

[View other Grant](#)

Adam Corbin (Edit)
 Participant ID: YB18395
 Cohort: October 2010
 Team: TCAPS 2

Participant Alerts - 0 total
 No current alerts ([add new](#))

[Add New Case](#)
[Add New Service](#)



	<u>1st Quarter After Exit</u>	<u>2nd Quarter After Exit</u>	<u>3rd Quarter After Exit</u>	<u>4th Quarter After Exit</u>
Existing Follow-Up entries:				
Follow-Up date	Employed 2nd Qtr After Exit	Enrolled in Post-Sec Education 2nd Qtr After Exit	Enrolled in Voc Training 2nd Qtr After Exit	Employed 1st Qtr After Exit
03/25/2012	Yes	No	No	No
				Enrolled in Post-Sec Education 1st Qtr After Exit
				Yes
				Enrolled in Voc Training 1st Qtr After Exit
				Exit

[Add New Follow-Up](#)



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Successful 2nd Qtr



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OUTCOMES

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 Grant No: YB-19248-09-60-A-26
 Class: 09
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 Email: lmAnderson@tbaisd.k12.mi.us

[View other Grant](#)

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 Participant ID: YB18395
 Cohort: October 2010
 Team: TCAPS 2

Participant Alerts - 0 total
 No current alerts ([add new](#))

[Add New Case](#)
[Add New Service](#)



Outcomes Overview

Employment Placement [Employer Management](#) | [Add New Employment Placement](#)

Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage
Barker Creek Nursery	Terry Bertrand	03/25/2012		\$7.40

Education Placement [Education Management](#) | [Add New Educational Placement](#)

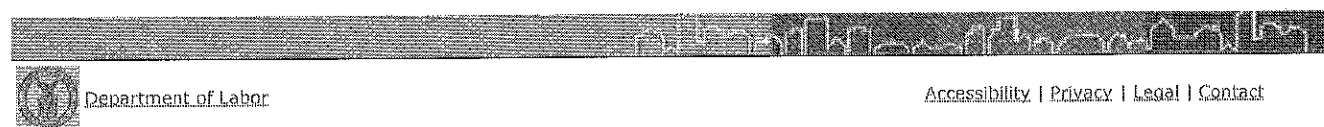
Institution/Organization Name	Date of Placement	Last Date of Education	Type of Program
Traverse City High School	08/23/2011	10/14/2011	Other

Certificate/Degree [Add New Certificate/Degree](#)

Certificate/Degree Attained	Date Entered	Date Attained	Name of Diploma
Attained a certificate in recognition of attainment of technical or occupational skills	10/01/2010	03/17/2011	NCCER Certification
Attained High School Diploma	10/01/2010	10/14/2011	High School Diploma

Arrest/Re-adjudications/Re-incarcerations [Add New Arrest/Re-adjudication](#)

Delete	Type	Date Re-adjudicated/ Re-incarcerated/ Violated





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FOLLOW-UP

Form No: ETA 9136
Expiration Date: 04/30/2014
Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmAnderson@tbaisd.k12.mi.us

[View other Grant](#)

Adam Corbin (Edit)
Participant ID: YB18395
Cohort: October 2010
Team: TCAPS 2

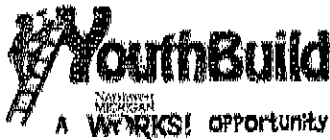
Participant Alerts - 0 total
 No current alerts ([add new](#))

[Add New Case](#)
 [Add New Service](#)



1st Quarter After Exit	2nd Quarter After Exit	3rd Quarter After Exit	4th Quarter After Exit
Post-Program Employment and Job Retention Data (01/2012 - 03/2012)			
Update Follow-up: 2nd Quarter After Exit Quarter			
Date of Follow-up *		<input type="text" value="03/26/2012"/>	
Mode of Contact *		<input type="text" value="Email or written report"/>	
If 'Other' please specify		<input type="text"/>	
Successful Follow-up *		<input checked="" type="radio"/> Yes <input type="radio"/> No	
If 'Successful follow-up' is 'Yes', then the data elements (below) marked by '>>' are required. Note: Grayed out fields indicate a current placement does not exist.			
>> 1. Employed		<input checked="" type="radio"/> Yes <input type="radio"/> No	
1a. Hours Worked in a Full Week		<input type="text" value="40"/>	
1b. Hourly Wage First Full Week of Work		\$ <input type="text" value="7.40"/> (xx.xx)	
>> 2. Enrolled in Post-Secondary Education		<input type="radio"/> Yes <input checked="" type="radio"/> No	
2a. Hours Attended Post-Secondary Education in a Full Week		<input type="text"/>	
>> 3. Enrolled in Vocational Training		<input type="radio"/> Yes <input checked="" type="radio"/> No	
3a. Hours Attended Vocational Training in a Full Week		<input type="text"/>	
3b. Hourly Wage First Full Week of Work		\$ <input type="text"/> (xx.xx)	
Additional Information			
Received Public Assistance After Exit		<input type="text" value="Choose..."/>	
If 'Other government sources' please specify		<input type="text"/>	
<input type="button" value="Save"/>		<input type="button" value="Reset"/> <input type="button" value="Cancel"/>	





Employment Verification Form

To be completed by the employer

Please legibly **print** information, sign, and fax to 231-922-6325, attention Kim Gribi

Date Requested: 3/26/12

Participant Name: Adam Corbin

Employer Name: Barker Creek Nursery

Employer Address: 7048 M-72 NW Williamsburg, MI 49690
Street City State Zip

Employer Phone: 231-267-5972 Employer Fax: 2167-9917

Employer contact email address: _____

Date participant began work: 3-25-12 Job title: Laborer

Average hours per week: est. 20 - 40 + Hourly wage: \$7.40 minimum wage

Last day of employment (if no longer employed): _____

Reason for leaving (if no longer employed):

- Resigned (reason, if known) _____
- Quit, no reason given
- Temporary or seasonal position (employment no longer available)
- Terminated

Verification completed by: Terry Bertrand Title: Manager Co-owner
Print Print

Signature: Terry B Bertrand Date: 3-26-12



Logged in as Lisa Anderson

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Grantee: [NORTHWEST MICHIGAN COUNCI...](#)
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmAnderson@tbalsd.k12.mi.us

[View other Grant](#)

OUTCOMES

Adam Corbin ([Edit](#))
Participant ID: YB18395
Cohort: October 2010
Team: TCAPS 2

[Participant Alerts](#) - 0 total
 [No current alerts \(add new \)](#)

[Add New Case](#)
[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:



Outcomes Overview

Employment Placement
[Employer Management](#) | [Add New Employment Placement](#)

Delete	Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage

Education Placement
[Education Management](#) | [Add New Educational Placement](#)

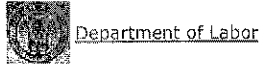
Delete	Institution/Organization Name	Date of Placement	Last Date of Education	Type of Program
<input checked="" type="checkbox"/>	Traverse City High School	08/23/2011	10/14/2011	Other

Certificate/Degree
[Add New Certificate/Degree](#)

Delete	Certificate/Degree Attained	Date Entered	Date Attained	Name of Diploma
<input checked="" type="checkbox"/>	Attained a certificate in recognition of attainment of technical or occupational skills	10/01/2010	03/17/2011	NCCER Certification
<input checked="" type="checkbox"/>	Attained High School Diploma	10/01/2010	10/14/2011	High School Diploma

Arrest/Re-adjudications/Re-incarcerations
[Add New Arrest/Re-adijudication](#)

Delete	Type	Date Re-adjudicated/ Re-incarcerated/ Violated



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Administered by Traverse Bay Area Intermediate School District



Support Services Office
890 Parsons Rd.
Traverse City, MI 49686
(231) 922-6240
Fax: (231) 922-6325

facsimile transmittal

To: Rosie Lautner Fax: 933-5885

From: Michelle Goetz Date: 10/14/11

Re: Confirming attendance Pages: 5

CC:

- Urgent
- For Review
- Please Comment
- Please Reply
- Per your request
- For your information/attention

REMARKS

Hi I am sending attendance confirmations
for
Adam Corbin, 11/1/11
also would you confirm for me that adam
Corbin graduated? Yes Re: chad 10/14/11
Thanks!

JUST THE FAX PLEASE.....



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Grant No: YB-19248-09-60-A-26
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Contact: Lisa Anderson (231) 922-6507
Email: lmanderson@tbaisd.k12.mi.us

[View other Grant](#)

FOLLOW-UP

Adam Corbin ([Edit](#))
Participant ID: YB18395
Cohort: October 2010
Team: TCAPS 2

Participant Alerts - 0 total
No current alerts ([add new](#))

[Add New Case](#)
[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:



1st Quarter After Exit 2nd Quarter After Exit 3rd Quarter After Exit 4th Quarter After Exit

Post-Program Employment and Job Retention Data (10/2011 - 12/2011)

Update Follow-up: 1st Quarter After Exit Quarter *Successful 1st qtr*

Date of Follow-up * 10/04/2011

Mode of Contact * Email or written report

If 'Other' please specify

Successful Follow-up * Yes No

If 'Successful follow-up' is 'Yes', then the data elements (below) marked by '>>' are required.
Note: Grayed out fields indicate a current placement does not exist.

>> 1. Employed Yes No

 1a. Hours Worked in a Full Week

 1b. Hourly Wage First Full Week of Work \$ (xx.xx)

>> 2. Enrolled in Post-Secondary Education Yes No

 2a. Hours Attended Post-Secondary Education in a Full Week

>> 3. Enrolled in Vocational Training Yes No

 3a. Hours Attended Vocational Training In a Full Week

 3b. Hourly Wage First Full Week of Work \$ (xx.xx)

Additional Information

Received Public Assistance After Exit Choose...

If 'Other government sources' please specify





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Grantee: NORTHWEST MICHIGAN COUNCI...
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FOLLOW-UP

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Participant ID: YB18395
Cohort: October 2010
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[Participant Alerts](#) - 0 total
 [No current alerts \(\[add new\]\(#\) \)](#)

[Add New Case](#)
[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:



	1st Quarter After Exit	2nd Quarter After Exit	3rd Quarter After Exit	4th Quarter After Exit
Existing Follow-Up entries:				
Follow-Up date	Employed 1st Qtr After Exit	Enrolled In Post-Sec Education 1st Qtr After Exit	Enrolled In Voc Training 1st Qtr After Exit	
10/04/2011	No	Yes		

[Add New Follow-Up](#)



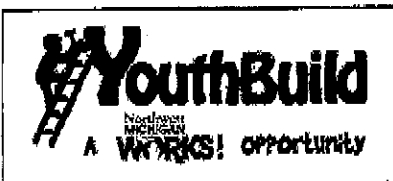
Department of Labor

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DIVISION OF:

TRAVERSE BAY AREA INTERMEDIATE SCHOOL DISTRICT



Education/Training Verification Form

To be completed by the educational institution/organization

Please legibly print information, sign, and fax to 231-922-3737, attention Dana Venhuizen

Date Requested: 10/3/2011

Participant Name Adam Corbin

Institution / Organization Name: Traverse City H.S.

Organization Address: PO Box 32 Street TC City MI State 49685 Zip

Organization Phone: 933-5860 Fax: 933-5885

Organization contact email address:

Date student began [X] school or [] training:

Degree or credential expected: yes [no] If yes, please describe educational focus and/or credential to be attained:

Enrolled full time: [yes] no Number of credit hours:

Last day of education (if no longer enrolled):

Reason for leaving (if no longer in education or training program):

- Graduated from school OR completed training program
Quit showing up
Asked to leave (please explain)

Verification completed by: Lance Morgan Title: Principal

Verifier's Signature Date: 10/4/11

10/12/11 MTW

890 Parsons Road • Traverse City, Michigan 49686 • (231) 922-6240

Serving Northwest Michigan • Antrim, Benzle, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee & Wexford Counties

An Equal Opportunity Employer / Program Auxiliary aids and services are available upon request to individuals with disabilities Michigan Relay Center (800) 649-3777



Logged in as Lisa Anderson

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EXIT

Grantee: [NORTHWEST MICHIGAN COUNCI...](#)
 Grant No: YB-19248-09-60-A-26
 Class: 09
 Contact: Lisa Anderson (231) 922-6507
 Email: lmanderson@tbaisd.k12.mi.us

[View other Grant](#)

Adam Corbin ([Edit](#))
 Participant ID: YB18395
 Cohort: October 2010
 Team: TCAPS 2

Participant Alerts - 0 total
 No current alerts ([add new](#))

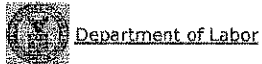
[Add New Case](#)
[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
 Status:



Exit Overview [Update Exit Request](#) - OR - [Delete Exit Request](#)

Type of Exit:	Hard Exit
Date of Exit:	09/16/2011
Successful Exit:	Yes
Comments:	



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Michelle Goetz

From: Lautner, Rosie [lautnerro@tcaps.net]
Sent: Wednesday, September 07, 2011 11:36 AM
To: Michelle Goetz
Subject: RE: confirming attendance


Yup they are here. Rosie

From: Michelle Goetz [mailto:MGoetz@tbaisd.k12.mi.us]
Sent: Wednesday, September 07, 2011 11:15 AM
To: Lautner, Rosie
Subject: confirming attendance

Hi

I am the records coordinator for YouthBuild. I need to confirm attendance for a couple of my alumni.

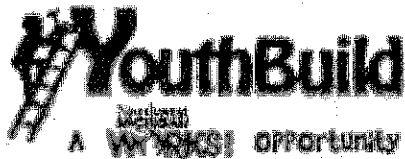
Please let me know if you have any questions. I need to do quarterly updates – so I will bug you again in Oct & Jan.



Adam Corbin

Thanks!

Michelle Goetz Grahl
YouthBuild MIS
890 Parsons Road
Traverse City, MI 49686
mgoetz@tbaisd.k12.mi.us
231-922-6504
231-922-6325 fax





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Participant ID: YB18395
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 [No current alerts \(\[add new\]\(#\) \)](#)

[Add New Case](#)
 [Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:



Outcomes Overview

[Employer Management](#) | [Add New Employment Placement](#)

Delete	Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage

[Education Management](#) | [Add New Educational Placement](#)

Delete	Institution/Organization Name	Date of Placement	Last Date of Education	Type of Program
X	Traverse City High School	08/23/2011		Other

[Certificate/Degree](#) | [Add New Certificate/Degree](#)

Delete	Certificate/Degree Attained	Date Entered	Date Attained	Name of Diploma
X	Attained a certificate in recognition of attainment of technical or occupational skills	10/01/2010	03/17/2011	NCCER Certification

[Arrest/Re-adjudications/Re-incarcerations](#) | [Add New Arrest/Re-adjudication](#)

Delete	Type	Date Re-adjudicated/Re-incarcerated/Violated



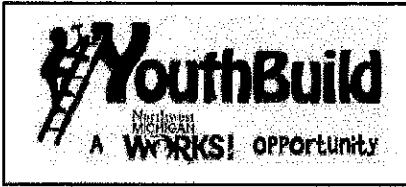
Department of Labor

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DIVISION OF:

TRAVERSE BAY AREA INTERMEDIATE SCHOOL DISTRICT



Education/Training Verification Form

To be completed by the educational institution/organization

Please legibly print information, sign, and fax to 231-922-6325, attention Kim Gribi

Date Requested: 8-23-11

Participant Name Adam Corbin

Institution / Organization Name: TCHS

Organization Address: 3962 Three Mile Rd Traverse City Mi
Street City State Zip

Organization Phone: 933 5860 Fax:

Organization contact email address:

Date student began [X] school or [] training:

Degree or credential expected: yes no If yes, please describe educational focus and/or credential to be attained:

Enrolled full time: [X] yes [] no Number of credit hours:

Last day of education (if no longer enrolled):

Reason for leaving (if no longer in education or training program):

- Graduated from school OR completed training program
Quit showing up
Asked to leave (please explain)

Verification completed by: [Signature] Title: Secretary/Registrar
Print Print

Verifier's Signature [Signature] Date: 8-23-11

MIS CASE EXIT FORM

Student Name: _____

1. Outcome Data (enter on Outcomes page)

Has all **Outcome** data been entered for this student?

Yes

- All attained degrees, diplomas (GED or HS Diploma), and certificates are entered.
- All current employment placements are entered.
- All current educational placements are entered.
- All recidivism records are entered.

*This needs to be done for all students that enter the program as youth or adult offenders at one year from the enrollment date (even if the student does not re-offend).

No

2. Educational Data (enter on Basic Skills Overview page)

- All basic skills **Pre**-tests entered.
- All basic skills **Post**-test entered (*all students must be post-tested).

3. At Exit Contact info (enter into Case Overview page)

Phone (cell) _____

Phone (home) _____

Email address #1 _____

Email address #2 _____

4. Exit Type (enter on Exit page)

- Successful**
- Unsuccessful** (If unsuccessful, use program exit strategy)

Note: All grantees must have an exit policy on file and adhere to that policy in determining when and why to exit participants as unsuccessful. Systematically, you can wait as long as 90 days to unsuccessfully exit a student and should be encouraging the youth to return to the program if they have stopped appearing before deciding they are unsuccessful.

- Exit for Other Reasons**
 - Family care
 - Transferred or Relocated
 - Health / Medical
 - Deceased
 - Reservist called to active duty