

# Youth Build

# Gillett, Eric

Feb - Nov 2010

#1

YBM

Exit

Follow-up



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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](mailto:lmAnderson@tbalsd.k12.mi.us)

[View other Grant](#)

**Eric Gillette** ([Edit](#))  
**Participant ID:** YB13825  
**Cohort:** February 2010  
**Team:** YBMB

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

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



	<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:				
	<input type="button" value="Add New Follow-Up"/>			
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	
<a href="#">12/08/2011</a>	No	No	No	
<i>negative outcome - no 1st qtr placement</i>				



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

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## FOLLOW-UP

**Eric Gillette** ([Edit](#))  
 Participant ID: YB13825  
 Cohort: February 2010  
 Team: YBMB

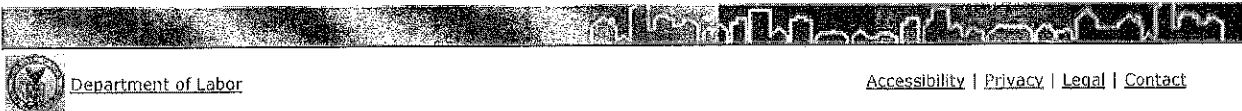
Participant Alerts - 0 total  
 No current alerts ( [add new](#) )

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

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



<u>1st Quarter After Exit</u>	<u>2nd Quarter After Exit</u>	<u>3rd Quarter After Exit</u>	<u>4th Quarter After Exit</u>
<b>Post-Program Employment and Job Retention Data (10/2011 - 12/2011)</b>			
<b>Update Follow-up: 1<sup>st</sup> Quarter After Exit Quarter</b>			
Date of Follow-up *	12/08/2011		
Mode of Contact *	In person		
If 'Other' please specify			
Successful Follow-up *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>If 'Successful follow-up' is 'Yes', then the data elements (below) marked by '&gt;&gt;' are required.</b>			
<b>Note: Grayed out fields indicate a current placement does not exist.</b>			
>> 1. Employed	<input type="radio"/> Yes <input checked="" type="radio"/> No		
1a. Hours Worked in a Full Week	<input type="text"/>		
1b. Hourly Wage First Full Week of Work	\$ <input type="text"/> (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)		
<b>Additional Information</b>			
Received Public Assistance After Exit	Choose...		
If 'Other government sources' please specify			
<input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>			





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## EXIT

**Eric Gillette** ([Edit](#))  
**Participant ID:** YB13825  
**Cohort:** February 2010  
**Team:** YMBB

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

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

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

[Summary](#) | [Assessments & IDP](#) | [Services](#) | [Outcomes](#) | [Follow-up](#) | [Notes](#) | [Exit](#)

<b>Exit Overview</b>		<a href="#">Update Exit Request</a> - OR - <a href="#">Delete Exit Request</a>
Type of Exit:	Hard Exit	
Date of Exit:	09/30/2011	
Successful Exit:	Yes	
Comments:		



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## OUTCOMES

**Grantee:** NORTHWEST MICHIGAN COUNCI...  
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No current alerts ([add new](#))

[Add New Case](#)

[Add New Service](#)

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

- Summary
- Assessments & IDP
- Services
- Outcomes**
- Notes
- Exit

### Outcomes Overview

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

Delete	Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage
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**Education Placement** [Education Management](#) | [Add New Educational Placement](#)

Delete	Institution/Organization Name	Date of Placement	Last Date of Education	Type of Program
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**Certificate/Degree** [Add New Certificate/Degree](#)

Delete	Certificate/Degree Attained	Date Entered	Date Attained	Name of Diploma
X	<a href="#">Attained a certificate in recognition of attainment of technical or occupational skills</a>	02/11/2010	08/31/2010	NCCER

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

Delete	Type	Date Re-adjudicated/Re-incarcerated/Violated
X	<a href="#">Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence.</a>	09/25/2010



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Approved, SCAO  
CFJ-178

Original - Court  
1st copy - Probation Department

2nd copy - Defendant  
3rd copy - Prosecutor

STATE OF MICHIGAN 19th Circuit Court - Manistee County	ORDER OF PROBATION	CASE NO. (1)083870-FH
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ORI: MI510015J Court Address: Manistee County Courthouse  
P.O. Box 484  
Manistee, Michigan 49660

Court Telephone: (231)723-6664

THE PEOPLE OF THE STATE OF MICHIGAN Manistee County	V	Defendant's name, address and telephone no. Gillette, Eric Gene 705 Kosciusko St Manistee Michigan 49660-3018 (231)398-3715			
		CTN 51-08001001-01	TCN	SID 2407115T	DOB 07/17/1987

Probation Officer: DAVID J KOENIG	Term: 3 year(s) 6 month(s) (12/07/2009)
Offenses: (1) 750.157Q - Financial Transaction Device - Illegal Sale/Use	

<input type="checkbox"/> Judgment of guilt is deferred under:	<input type="checkbox"/> MCL 333.7411, Controlled Substance Act	<input type="checkbox"/> MCL 750.350a, Parental Kidnapping Act
	<input type="checkbox"/> MCL 762.14, Youthful Trainee Status	<input type="checkbox"/> MCL 600.1070, Drug Treatment Court

IT IS ORDERED that the defendant be placed on probation under the supervision of the above named probation officer for the term indicated, and the defendant shall:

- Not violate any criminal law of any unit of government.
- Not leave the state without the consent of this court.
- Make a truthful report to the probation officer monthly, or as often as the probation officer may require, either in person or in writing, as required by the probation officer.
- Notify the probation officer immediately of any change of address or employment status.
- Pay the following to the court:

Fine.....	\$200.00
Costs.....	\$200.00
Restitution.....	\$302.43
Crime Victim Assessment.....	\$60.00
Attorney Fee.....	\$200.00
State Costs.....	\$60.00
Drug Court Fee.....	\$
Other.....	\$
<b>TOTAL.....</b>	<b>\$1,022.43</b>
- a. The due date for payment is \_\_\_\_\_
- b. Total amount due may be paid in installments of \$ 35.00 per month starting on release from jail and paid in full by the due date stated on the judgement of sentence or by \_\_\_\_\_  
Fines, costs and fees not paid within 56 days of the date owed or of any installment payment date are subject to a 20% late penalty on the amount owed.
- Pay a supervision fee to the Department of Corrections in the amount of \$ 10.00 / month. The fee is payable immediately.  
 Total amount due may be paid in installments of \$ \_\_\_\_\_ per month starting on \_\_\_\_\_ payable to the State of Michigan.
- 02.0 You must not use or possess alcoholic beverages or other intoxicants. You must not enter bars or other places where the primary purpose is to serve alcoholic beverages for drinking on site, unless the field agent has first given you written permission for your employment at a specific location.
- 02.1 You must comply with the requirements of alcohol testing directed by the field agent. You must not attempt to submit any fraudulent or adulterated samples for testing. You must not hinder, obstruct, tamper, or otherwise interfere with the testing procedures. You must present proper identification at the time of testing.
- 02.2 You must comply with the requirements of drug testing directed by the field agent. You must not attempt to submit any fraudulent or adulterated samples for testing. You must not hinder, obstruct, tamper, or otherwise interfere with the testing procedures. You must present proper identification at the time of testing.
- 02.4 You must not use or possess any controlled substances or drug paraphernalia, unless prescribed for you by a licensed physician, or be with anyone you know to possess these items.
- 02.6 You must use prescription drugs only as prescribed for you by your licensed physician.
- 02.8 You must complete outpatient or residential substance abuse treatment when you are referred by the field agent.
- 02.9 You must complete a substance abuse assessment when you are referred by the field agent.
- 03.3 You must complete mental health or other treatment when you are referred by the field agent.

If the judgment of guilt is deferred as stated above, the clerk of the court shall advise the Michigan State Police Criminal Justice Information Center of the disposition as required under MCL 769.16a.

QC 243a (3/06) ORDER OF PROBATION MCL 600.4803, MCL 769.1a, MCL 771.1 et seq., MCL 775.22, MCL 780.828, MCR 6.445, 18 USC 922(g)(8)(c)



Approved, SCAO  
CFJ-178

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STATE OF MICHIGAN  19th Circuit Court - Manistee County	<b>ORDER OF PROBATION</b>	<b>CASE NO.</b> (1)083870-FH
---	---------------------------	---------------------------------

- 15. 03.4 You must complete the Manistee/Benzie CMH-ACT Program, and Michigan Works program when referred by your agent.
- 16. 04.16 You must obey all Court Orders.
- 17. 04.18 You must not engage in any assaultive, abusive, threatening, or intimidating behavior.
- 18. 04.19 You must not have verbal, written, electronic, or physical contact, without permission of the field agent, with anyone you know to have a felony record. You must not have verbal, written, electronic, or physical contact with anyone you know to be engaged in any behavior that constitutes a violation of any criminal law of any unit of government.
- 19. 04.20 You must not use any object as a weapon. You must not own, use, or have under your control or area of control a weapon of any type or any imitation of a weapon. You must not be in the company of anyone you know to possess these items.
- 20. 04.23 You must allow the field agent into your residence at any time for probation supervision.
- 21. 04.25 You must report any arrest or police contact, loss of employment, or change of residence to the field agent within 24 hours, weekends and holidays excepted.
- 22. 04.3 You must reside at an approved residence and not change your residence without first getting written permission from the field agent.
- 23. 06.4 You must make genuine efforts to find and maintain legitimate employment of a minimum of 30 hours per week, unless engaged in an alternative program approved by the field agent. You must provide ongoing verification of employment or alternative program to the field agent. You shall not give reason to be terminated or voluntarily terminate your employment or alternative program, without first getting permission from the field agent.
- 24. 08.0 You must serve jail time as follows: 12 months, with credit for 318 days served.
- 25. 08.1 You must pay restitution in the amount of \$ 302.43 as follows: to Jennifer Beddes. You must execute a wage assignment to pay restitution if you are employed and miss two regularly scheduled payments.
- 26. 08.18 You must pay \$ 60.00 State Cost as ordered by the Court.
- 27. 08.2 You must pay a crime victim's assessment in the amount of \$ 60.00 as ordered by the court.
- 28. 08.4 You must pay court costs of \$ 200.00 as ordered by the court.
- 29. 08.5 You must pay a fine of \$ 200.00 as ordered by the court.
- 30. 08.5 You must pay attorney fees of \$ 200.00 as ordered by the court.
- 31. 09.01 The probation agent or law enforcement at the request of the probation agent may conduct a search of your person, house, room, papers and effects, including but not limited to your vehicle, residence and computer, without need of a warrant, upon reasonable suspicion that you have violated a condition of probation.

Failure to comply with this order may result in a revocation of probation and incarceration.

	Judge The Honorable James M. Batzer	P29305 Bar No.
Date		

I have read or heard the above order of probation and have received a copy. I understand and agree to comply with this order.

	Defendant's signature
Date	









JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
LANSING

STANLEY "SKIP" PRUSS  
DIRECTOR

July 19, 2010

Eric Gillette  
705 Kosciusko Street  
Manistee, Mi 49660

Dear Eric,

I have received information that you are interested in possible services from our agency. We assist disabled (physical and/or mental) individuals by developing and implementing a service plan that leads to employment. I would like to discuss MRS services with you. You applied for MRS services on 2/4/2010. I arranged for Learning Disabilities testing (a copy attached). You need to give this copy to Susan at Youth Build so she can arrange for accommodations in your GED test.

If you are interested in learning how you may use this agency as a resource, please meet with me on:

DATE: 8/18/2010  
TIME: 1:00  
PLACE: Manistee Michigan Works Agency (next to Kmart)

Should this time be inconvenient, please contact me at 231/922-5260 or toll free at 877-901-9179 or at the address below, so that we may make other arrangements. If you do not keep this appointment or call to reschedule I will infer that you are no longer interested in services and close your case.

Sincerely yours,

Robert R. Kindt  
Michigan Dept. of Career Development Rehabilitation Services

DELEG is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Michigan Rehabilitation Services  
1209 S. Garfield, Suite E • TRAVERSE CITY, MICHIGAN 49686  
www.michigan.gov • (231) 922-5260

## MIS CASE EXIT FORM

Student Name: Eric Gillette

### 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