

CaIWORKs SUPPORTIVE SERVICES ENROLLMENT TERMINATION NOTICE

[To: (GAIN Regional Office)

] [From: Service Provider Name & Address]

Attention: _____
 [_____ GSW Name/Number]

[_____]

Provider Certification

Participant Name:	Participant Address:
Social Security No.:	
Case No.:	
GAIN Activity:	

This is to inform you that the above-named participant has:

- Successfully completed his/her services/treatment activity on: _____
- Dropped-out of services with good cause on: _____
- Dropped-out of services without good cause on: _____
 Reason: _____
- Services not completed; participant entered employment on: _____
- Services not completed; participant transferred to other WtW activity: _____
- Terminated his/her services; participant transferred to another provider on: _____
- Other: _____

Service Provider Representative:	Title:	Phone No.: ()	Date:
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