**SAMPLE SHELTER EXIT FORM**

[Insert Shelter Name]

**SURVIVOR INFORMATION**

Date of Exit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Exit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**DEPARTURE DETAILS**

* Type of Exit
* Planned Exit
* Emergency Exit
* Early Exit
* Transfer to Another Facility
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Living Arrangement**

* Independent Housing
* Family Home
* Friends
* Another Shelter
* Transitional Housing
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Planning

* Safety Plan Reviewed
* Emergency Contacts Updated
* Protection Order Status Current
* Local Police Notified (if applicable)
* Safe Transportation Arranged

**SERVICE COMPLETION STATUS**

Services Received During Stay

* Case Management
* Counseling
* Legal Aid
* Medical Care
* Job Training
* Education Support
* Child Care
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ongoing Support Needs

* Counseling
* Legal Support
* Medical Care
* Economic Support
* Housing Support
* Child Support
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referrals Made**

| Service Type | Organization | Contact Person | Contact Details |
| --- | --- | --- | --- |
|  |  |  |  |

**PERSONAL BELONGINGS**

Items Returned

* Identity Documents
* Personal Documents
* Medication
* Valuables from Safe
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survivor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXIT INTERVIEW**

**Goals Achievement**

| Original Goals | Status | Comments |
| --- | --- | --- |
|  |  |  |

**Feedback on Services**

Rate satisfaction with services (1-5, 5 being highest):

| Service | Rating | Comments |
| --- | --- | --- |
| Safety |  |  |
| Staff Support |  |  |
| Facilities |  |  |
| Programs |  |  |
| Overall stay |  |  |

**Future Plans:**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Employment Status:**

* Employed Full-time
* Employed Part-time
* Seeking Employment
* In Training/Education
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Plan:**

* Secured
* In Process
* Needs Assistance

**Financial Plan:**

* Independent Income
* Family Support
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOLLOW-UP PLAN**

Preferred Contact Method:

* Phone
* Email
* Through Referral Agency
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up Schedule:

1 Week Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Month Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Months Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 Months Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTATION CHECKLIST**

* Exit Form Completed
* Safety Plan Updated
* Referrals Documented
* Contact Information Updated
* Follow-up Schedule Set
* Personal Belongings Returned
* Keys/Access Cards Returned
* Case File Updated
* Required Reports Filed

**SIGNATURES**

Survivor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Case Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Shelter Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FOR OFFICE USE ONLY**

File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exit Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Entered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Comments/Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Follow-up Date: \_\_\_\_\_\_\_\_\_\_\_\_

Assigned To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_