

When the time comes for you to transition out of this program, it's important for us to ensure that you have a comprehensive plan in place to support your transition. An Exit Form is a written summary that informs you that your stay in the program has ended and explains what that means. It includes your exit date, the reason for exit, and information about services and/or shelter and housing options you may be able to access next. This formal form helps ensure that everything is clear, documented, and shared with you in writing. Receiving an Exit Form does not prevent you from seeking other housing or support services, and you are encouraged to reconnect with outreach teams or Coordinated Entry if you need assistance in the future or are continuing to need assistance beyond exit.

**Participant Name:** \_\_\_\_\_ **HMIS ID:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_ **Program Start Date:** \_\_\_\_\_

**Projected Program Exit Date:** \_\_\_\_\_ **Program Exit Date:** \_\_\_\_\_

**HOUSING STATUS**

**Participant Housing Status at Exit:**

- Transfer to another Interim Housing Program
- Voluntary exit
- Permanent housing
- Exit to a Permanent Housing Program
- Exit to another program that provides housing search and placement assistance
- Program discharge
- Other (Please Specify): \_\_\_\_\_

**PERMANENT HOUSING DESTINATION ADDRESS**

(Only complete if participant has moved into a permanent housing placement)

**Move-In Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Unit/Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**REASON FOR PROGRAM EXIT**

- |  |  |
|--|--|
| <input type="checkbox"/> Completed program goals | <input type="checkbox"/> Linked to another program |
|--|--|

<input type="checkbox"/> Self-resolved housing crisis	<input type="checkbox"/> Dually enrolled in another program
<input type="checkbox"/> Refused contact with the Program	<input type="checkbox"/> Non-compliance with program guidelines/rules (Please Explain) _____ _____
<input type="checkbox"/> Relocated to another CoC	<input type="checkbox"/> No longer eligible for services
<input type="checkbox"/> Other _____	

<b>EXIT QUESTIONS</b>	
1. What accomplishments have been made in this program?	
2. What services and resources have been provided to me while in the program?	
<b>What Resources do I need before I leave the program?</b>	<b>Resource Information and contact details for resources</b>
1.	1.
2.	2.
3.	3.

**SHELTER, HOUSING, AND SUPPORTIVE SERVICES REFERRALS PROVIDED AT EXIT**

**(SELECT ALL THAT APPLY)**

- Shelter or interim housing referral
- Housing navigation
- Access center
- Behavioral health services
- Employment or income assistance
- Benefits enrollment (CalFresh, SSI, Medi-Cal)
- Legal services
- Other referrals \_\_\_\_\_

**Program Contact Information**

If you have questions or would like support connecting to services, please contact:

**Program Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Participant Rights & Re-Engagement**

Exit from this program does not prevent the participant from accessing other housing or supportive services in the community. Participants are encouraged to re-engage with outreach teams, access points, or Coordinated Entry should they need future assistance.

**Participant Acknowledgement**

I acknowledge that I have received this exit notice and have been provided with information regarding available resources.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Name & Title \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Copy provided to participant