Participant Exit Form

**CLIENT DETAILS**

Name:

Address:

Phone no:

Next of kin or contact person:

Address:

Phone:

Date of Birth:

# PROGRAM/ACTIVITY DETAILS

Broadly, what programs/activities did the client access?

|  |  |  |  |
| --- | --- | --- | --- |
| Children | Youth | Substance Abuse | Training |
| Elderly | Parenting | Disabilities | Health |
| Other (please specify): | | | |

Has a client feedback sheet been completed? Yes  No

**Reason for exit:** e.g. moved location, presenting issues no longer present.

**Risks Associated with Transition**

What risks are identified?

How to mitigate these risks

**Other parties involved in the transition:** Yes  No

If yes, provide detail below

**Additional comments:**

# EXIT APPROVAL

Referral Office/Case Worker:

Signature: Date:\_\_\_/\_\_\_/\_\_\_

Supervisor/Manager:

Signature: Date:\_\_\_/\_\_\_/\_\_\_