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 ο Youth ο Substance Abuse ο Training ο

Elderly ο Parenting ο Disabilities ο Health ο

Other (please specify):

Has a client feedback sheet been completed? Yes ο No ο

**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 ο No ο

If yes, provide detail below

**Additional comments:**

# EXIT APPROVAL

Referral Office/Case Worker:

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

Supervisor/Manager:

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