



# ENRICHED RESIDENTIAL CARE HOUSING

## Exit Form

(TO BE FAXED WHEN PARTICIPANT MOVES OUT)

Fax this form to Enriched Residential Care (ERC) at DHS [(213) 895-0106] or DMH at [(213) 637-2336] when a Participant exits placement to other destinations.

### FORMS MUST BE SUBMITTED UPON PARTICIPANT'S EXIT

ERC Project:  DHS  DMH

Date Submitted: \_\_\_\_\_ Name of Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Participant's Name: _____		CHAMP ID: _____
Admit Date: _____	Exit Date: _____	Length of Stay: _____
ICMS Provider: _____		Has ICMS/CM Been Notified? Yes <input type="checkbox"/> No <input type="checkbox"/>

Exit reasons (Check the field that best describes circumstances). Please notify the DHS/DMH Staff within 72 hrs.

Exit Reasons	Exit Destinations
<input type="checkbox"/> Family Unification	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility
<input type="checkbox"/> Required Higher Level of Care	<input type="checkbox"/> Jail or Prison
<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Skilled Nursing Facility or Long term care home
<input type="checkbox"/> Required Lower Level of Care	<input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Missing in Action/AWOL	<input type="checkbox"/> Interim Housing
<input type="checkbox"/> Left Against Medical Advice	<input type="checkbox"/> Stays in a vehicle or abandoned building
<input type="checkbox"/> Obtained Permanent Supportive Housing	<input type="checkbox"/> Rental by client, no ongoing subsidy
<input type="checkbox"/> Deceased	<input type="checkbox"/> Rental by client, Permanent Supportive Housing Subsidy
<input type="checkbox"/> Escorted out due to Violent Behavior	<input type="checkbox"/> Living with family, permanent tenure
<input type="checkbox"/> Discharged Due to Inappropriate Behavior	<input type="checkbox"/> Living with friends, permanent tenure
<input type="checkbox"/> Eviction	<input type="checkbox"/> No Exit interview completed
<input type="checkbox"/> Voluntary Surrender/Exit	<input type="checkbox"/> No Data Collected
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

#### NEW HOUSING LOCATION IF KNOWN:

ADDRESS: \_\_\_\_\_

FACILITY CONTACT NUMBER: \_\_\_\_\_

ADMINISTRATOR CONTACT PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<p>DATE DHS/DMH ERC STAFF WAS NOTIFIED OF RELOCATION: _____</p> <p><input type="checkbox"/> CALLED <input type="checkbox"/> EMAILED</p>	<p>APPROVED BY DHS/DMH ERC STAFF: _____</p> <p>SIGNATURE: _____ DATE: _____</p> <p>EXPECTED DATE OF SUBSIDY TERMINATION: _____</p>
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