



# ENRICHED RESIDENTIAL CARE HOUSING

## Exit Form

(TO BE FAXED WHEN PARTICIPANT MOVES OUT)

Fax or e-mail this form to Enriched Residential Care (ERC) at DHS [(213) 895-0106] / [ERC@dhs.lacounty.gov](mailto:ERC@dhs.lacounty.gov) or DMH at [(213) 559-9258] / [DMH\\_ERC@dmh.lacounty.gov](mailto:DMH_ERC@dmh.lacounty.gov) 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/IBHS ID: _____
Admit Date: _____	Exit Date: _____	Length of Stay: _____
ICMS/CM 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/Friend Unification <input type="checkbox"/> Required Higher Level of Care <input type="checkbox"/> Incarcerated <input type="checkbox"/> Required Lower Level of Care <input type="checkbox"/> Missing in Action/AWOL <input type="checkbox"/> Left Against Medical Advice <input type="checkbox"/> Obtained Permanent Supportive Housing <input type="checkbox"/> Deceased <input type="checkbox"/> Escorted out due to Violent Behavior <input type="checkbox"/> Discharged Due to Inappropriate Behavior <input type="checkbox"/> Eviction <input type="checkbox"/> ALW Approval Bed <input type="checkbox"/> Voluntary Surrender/Exit <input type="checkbox"/> Short-term, participant is expected to return <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail or Prison <input type="checkbox"/> Skilled Nursing Facility or Long-term care home <input type="checkbox"/> Emergency/Short-Term Shelter/Motel <input type="checkbox"/> Interim Housing <input type="checkbox"/> Street homelessness/Vehicle/Abandoned building <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client, Permanent Supportive Housing Subsidy <input type="checkbox"/> Living with family, permanent tenure <input type="checkbox"/> Living with friends, permanent tenure <input type="checkbox"/> No Exit interview completed <input type="checkbox"/> No Data Collected <input type="checkbox"/> Other: _____

#### NEW HOUSING LOCATION IF KNOWN:

NAME: \_\_\_\_\_

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

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

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

#### **FOR DHS/DMH USE ONLY:**

<p>DATE DHS/DMH ERC STAFF WAS NOTIFIED OF RELOCATION: _____</p> <p><input type="checkbox"/> CALLED <input type="checkbox"/> EMAILED</p> <p><input type="checkbox"/> WAIVE 30-DAY NOTICE PAYMENT</p>	<p>APPROVED BY DHS/DMH ERC STAFF: _____</p> <p>SIGNATURE: _____ DATE: _____</p>
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