



Fax or e-mail this form to Enriched Residential Care (ERC) at DHS [(213) 895-0106] [ERC-EXITS@dhs.lacounty.gov](mailto:ERC-EXITS@dhs.lacounty.gov) or DMH at [(213) 559-9258] [DMH ERC@dmh.lacounty.gov](mailto:DMH ERC@dmh.lacounty.gov) when a participant exits or relocates to other destinations within 72 hours.

**FORMS MUST BE SUBMITTED UPON PARTICIPANT'S EXIT/RELOCATION**

ERC Project: <input type="checkbox"/> DHS <input type="checkbox"/> DMH		Status: <input type="checkbox"/> Relocating <input type="checkbox"/> Exiting	ICMS/SP Provider:
Date Submitted:		Facility Name:	Phone #:
Participant Name:			CHAMP/IBHIS #:
Admit Date:	Exit Date:	Length of Stay:	
Form Completed by: <input type="checkbox"/> Facility <input type="checkbox"/> ICMS/SP <input type="checkbox"/> HC <input type="checkbox"/> DHS/DMH		Has ICMS/SP been notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Exit/Relocation Reasons (Check the field that best describes the circumstances):**

Exit Reasons:	Exit Destinations:
<input type="checkbox"/> Family/Friend Unification	<input type="checkbox"/> Hospital
<input type="checkbox"/> Required Higher Level of Care	<input type="checkbox"/> Other Residential Non-Psychiatric Medical Facility
<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/Short-Term Shelter/Motel
<input type="checkbox"/> Missing in Action/AWOL	<input type="checkbox"/> Interim Housing
<input type="checkbox"/> Left Against Medical Advice	<input type="checkbox"/> Street/Homelessness/Vehicle/Abandoned Building
<input type="checkbox"/> Obtained Permanent Supportive Housing	<input type="checkbox"/> Rental by Participant, no Ongoing Subsidy
<input type="checkbox"/> Deceased	<input type="checkbox"/> Rental by Participant, Permanent Supportive Housing Subsidy
<input type="checkbox"/> Escorted out due to Violent/Inappropriate Behavior	<input type="checkbox"/> Living with Family, Permanent Tenure
<input type="checkbox"/> Eviction	<input type="checkbox"/> Living with Friends, Permanent Tenure
<input type="checkbox"/> Assisted Living Waiver Program (ALWP) Approval	<input type="checkbox"/> Jail or Prison
<input type="checkbox"/> Voluntary Surrender/Exit	<input type="checkbox"/> No Exit Interview Completed / No Data Collected
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Relocation Reasons:	Relocation Destinations:
<input type="checkbox"/> Family Geographic Request	<input type="checkbox"/> Adult Residential Facility
<input type="checkbox"/> ICMS/SP Request	<input type="checkbox"/> Residential Care Facility for the Elderly
<input type="checkbox"/> Participant Geographic Request	<input type="checkbox"/> Short-Term stay at Skilled Nursing Facility
<input type="checkbox"/> Operator Relocation Request	<input type="checkbox"/> Long-Term Stay at Skilled Nursing Facility
<input type="checkbox"/> Behavior Issue	<input type="checkbox"/> Congregate Living Facility
<input type="checkbox"/> Closer Proximity to Primary Care Physicians	<input type="checkbox"/> Other:
<input type="checkbox"/> Evictions	
<input type="checkbox"/> Facility Closures	
<input type="checkbox"/> Probation/AB109/ Registered Sex Offender	
<input type="checkbox"/> Change in Health Conditions	
<input type="checkbox"/> Other:	

**New Housing Location if Known:**

Name:	Address:	
Facility Contact #:	Administrator Contact #:	Email:

**For DHS/DMH ERC STAFF Use Only:**

Date DHS/DMH ERC Staff was Notified:	Approved by DHS/DMH ERC Staff:	
<input type="checkbox"/> Called <input type="checkbox"/> Emailed	Signature:	Date:
<input type="checkbox"/> Forfeit 30-Day Notice of Payment	Forfeiture Reason: <input type="checkbox"/> Death <input type="checkbox"/> Sister Facility <input type="checkbox"/> >72 Hours	