

Triage / Low Demand Shelter Exit Form

Program Exit

Date Exited:	Readmit Status :
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Reason Left Program:

- Completed Program Criminal Activity/Destruction of Property/Violence Disagreement with Rules/Persons
 Death Left for a housing opportunity before completing program Needs could not be met by project
 Non-Compliance with project Non-Payment of rent/occupancy charge Unknown Disappeared
 Reached Maximum Time allowed in project Other (specify in comments)

Destination:

- Emergency Shelter Home Subsidized house or apartment Homeownership Jail / Prison
 Inpatient alcohol or other drug treatment facility Moved in with family or friends – Permanent / Transitional
 Other Subsidized house or apartment Other supportive housing Rental house or apartment (no subsidy)
 Places not meant for human habitation (streets) Psychiatric Hospital Public Housing Section 8
 Shelter Plus Care Transitional housing for homeless persons Unknown Other (specify in comments)

Comments: _____

Sub Program

Date Exited: Caseworker: Comment:

Triage	_____	_____	_____
Low Demand	_____	_____	_____

Barriers

What barriers does the client have from receiving resources & services?

- Unable to Locate Refused Participation Behavioral Resource Non-Existent
 DNF Recommendations Substance Abuse Legal Issues Financial

Comments: _____

Successful Linkage

Client was successfully linked with what resources/services: _____

Comments: _____