

PCAP Client Module Client Exit Close-out Form

Agency Name: _____

Site Name: _____

Client #: _____

Date: ___/___/_____

2. a. Number of different advocates this client had over her time in the project: ___

b. List all advocates this client had by name and advocate number: *(Code 0 if no more)*

Name	# Months	Advocate #
1) _____	___	_____
2) _____	___	_____
3) _____	___	_____
4) _____	___	_____

3. a. Did client ever move out of area, making it impossible to do home visitation or stay in close contact?
 Yes No

Where did she move? Beginning when? For how long was she out of the area? Describe:

b. For how many months was client out of contact with program? ___

4. If there are any reasons that make this client unusual for purposes of analyzing data, please note below:

Advocate #: _____