

Lost Post-Exit Client Form

Use this form when client is at least 6 months past her 3-year exit date in the program and has not completed the ASI exit interview.

➔ Date this form submitted: _____ Supervisor #: _____ Adv #: _____ Client #: _____

Enrollment date: _____ Enr. site: _____ Exit date: _____ Exit site: _____

Dates of last: Face-to-face contact with client: _____ Telephone contact: _____

Is location of this client known?..... YES NO

Has client verbally refused to participate in exit interview?..... YES NO

Has this case been discussed at an Administrative Meeting? YES NO

(For the following questions, use the back of the form if you need more space.)

1. If the client has refused, please explain circumstances.
2. If client has not refused, please describe what has been done to get client in for the exit interview.
3. If whereabouts are unknown, describe what has been done to locate client?
4. Are there any further steps to take at this time to locate client?
5. Any suggestions from the team? Date Tracing was staffed with team: _____

IS CLIENT DECLARED LOST AT THIS TIME? YES NO Effective Date: _____

If 'NO', continue tracing as Missing Post-Exit Client and do this form again in 6 months.

Advocate signature

Supervisor signature

If client is declared lost post-exit, place client name on list of clients lost to follow-up. Move from active database to graduated database. State Program Director must authorize move from missing to lost post-exit status.

Administrative Use Only

Project Director signature

Date authorized

Project Director comments on back

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 15 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

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