

Exit Form

- Form #:** XF2009.10
- Purpose:** To provide a consistent format for closing out an open case.
To provide a format for reporting of actual service delivery, community service coordination, and changes in the family dynamics as noted at the conclusion of services.
- All information is held in the strictest of confidence and used only by the Department of Human Resources, Promoting Safe and Stable Families Program in the evaluation of Title IV, Subpart 2 program services.
- Use:** Mandatory
An exit form must be completed on every case at conclusion of services or when a family is no longer regularly engaged in services as described in your service implementation plan.
- Distribution:** Family caseworkers, providers of direct services
- Completed Forms:** All sections should be completed and used to complete the online exit on PSSFWeb. *One exit form must be submitted for each family reported as concluding services on the Direct Service Summary.* Online exits can only be completed after the 10th day of the month. A printed copy of the online exit form must be kept in each family case file at the conclusion of services.
- Note: It is important to be as complete as possible in providing information on families. Data collected is used to develop service and outcome statistics on PSSF program services.*

Form

Click here to download a blank exit form.

Instructions

Paper exit forms must have a corresponding intake form (matched by control#). For exits prepared on families whose intake forms were submitted prior to October 2005, please take extra care to carefully identify the family for whom the exit applies.

Print clearly and make sure copies are legible.

Complete all fields unless instructed otherwise.

When directed to check only one response, please do not check multiple responses.

Do not add categories that are not available unless 'Other' is available as a response and then you must specify what 'other' is.

All forms should be reviewed by the program coordinator prior to their final submission.

Completing Exit Form

Agency/Program Identification

- Indicate month services ended and family exited the program. Exits are only processed during the current period. Any exit received with an earlier date will be recorded in the current month.
- Provide the program ID#, Agency and Program Name consistent with your contract.

Each intake form submitted after September 2005 was assigned a control number. This number is used to identify the family so the exit form can be matched to the original intake record. Record this control number in the space provided at the top of exit form.

- Indicate person responsible for completing this form and their contact information in the event that a follow-up call is necessary to clarify report information.

Month Exited: December 2007	Control #: OCT-4
Program ID#: 999-9999	
Agency: Caring Families Inc,	Completed by: D. Brown
Program Name: Supervised Visitation and Reunification Support Services	Telephone: 678-555-1111

Case Identification

When completing an exit form on a family whose intake form was submitted prior to October 2005 (no control # assigned), take extra care to carefully identify the family/household as it was reported on the original intake form.

- Report name of primary caregiver, and social security number if available, as it was reported in Section A on the original intake form.
- Report the name of the child reported on the first line of Section E on the original intake form.

<u>Case Identification</u>		
Provide identifying information as it was reported on the corresponding Intake Form.		
Primary Caregiver (PC) - reported in Section A of corresponding Intake Form		
First Name: Jean	Last Name: Brown	SSN: 444-66-7788
Oldest Child/Dependant – reported on first line of Section E on corresponding Intake Form		
First Name: Michael	Last Name: Smith	

Direct Service Delivery

- Indicate the quantity or frequency of the services your program actually provided to family during the current reporting period.
- Only report the services here that are on your approved Service Delivery/Payment Schedule.
- Include only services that will be invoiced on the current month's programmatic report.

Direct Service Delivery		
<p>Report the quantity (or frequency) of each service or activity that this family, or individuals included in this family group, participated in or received during the current billing month. Only report services approved on your Service Delivery Schedule (Annex E). <i>Do not include any services that will not be invoiced on this month's programmatic report.</i></p>		
<p>___ 1.0 Adoption promotion</p> <p>___ 2.1 Foster care transitional support</p> <p>___ 3.0 Case management/service coordination</p> <p>___ 4.1 Center-based parent education</p> <p>___ 4.2 Co-parenting/healthy marriage workshop</p> <p>3_ 5.1 Center-based support group - adults</p> <p>___ 5.2 Center-based support group - children</p> <p>___ 5.5 Informal community support</p> <p>___ 6.0 Child/family assessment</p> <p>___ 6.5 Family ICA completed</p> <p>3_ 7.0 Childcare</p> <p>___ 8.0 Client transportation assistance</p> <p>___ 9.0 Crisis intervention/management</p> <p>___ 10.1 Effective discipline</p> <p>___ 10.2 Behavior management</p>	<p>___ 11.0 Family conferencing / FTM</p> <p>___ 11.5 Family mediation</p> <p>___ 12.0 Family life skills</p> <p>___ 12.5 Job training</p> <p>___ 13.0 Follow up services</p> <p>___ 14.0 Healthcare screening/services</p> <p>___ 14.5 Healthcare assistance/benefits</p> <p>___ 14.6 Mental health treatment</p> <p>___ 14.7 Drug screen</p> <p>___ 15.0 Home-based parent education</p> <p>2_ 16.0 Information & referral services</p> <p>___ 17.0 Legal advocacy/counseling</p> <p>___ 18.1 Mentoring services</p> <p>___ 18.5 Tutoring/educational services</p> <p>___ 19.0 Parent/child group activities</p>	<p>___ 19.5 Recreational/child enrichment</p> <p>___ 20.0 Residential after-care services</p> <p>___ 21.0 Respite care</p> <p>___ 22.0 Stress/anger management</p> <p>___ 23.0 Substance abuse recovery support</p> <p>___ 24.0 Substance abuse treatment</p> <p>___ 25.0 Supervised family visitation</p> <p>___ 26.1 Therapeutic counseling - individual</p> <p>___ 26.2 Therapeutic counseling - family</p> <p>___ 26.3 Therapeutic counseling - group</p> <p>___ 99.5 WIC</p> <p>___ 99.7 Emergency financial assistance</p> <p>___ 99.8 Housing assistance/residential support</p> <p>___ 99.0 Other. Specify:</p>

Date of Last Client Contact and Client Satisfaction Questionnaire

- Record the date of last service contact with family.
- Indicate status of Client Satisfaction Questionnaire.

Date of last contact: December 18, 2007	<input checked="" type="checkbox"/> CSQ completed and enclosed <input type="checkbox"/> No CSQ
---	--

The Client Satisfaction Questionnaire (CSQ) should be administered to and completed by clients immediately prior to exiting from funded program services. Due to the poor rate of return, agencies are asked not to mail questionnaires to former clients but to provide a questionnaire to families in anticipation of the completion of service provision. Any CSQ completed or received after the exit form has been sent in, can still be submitted.

Resource Coordination

Families may derive benefits from their involvement with your agency that are not a component of the PSSF-funded services you provided.

- Indicate all other services received or resources, in addition to those funded under Promoting Safe and Stable Families, that were coordinated on behalf of the family.

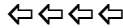
Resource Coordination		
Identify additional resources coordinated on behalf of and/or services provided to the family.		
<input type="checkbox"/> Counseling <input type="checkbox"/> DFCS <input checked="" type="checkbox"/> Education Assistance <input type="checkbox"/> Employment <input type="checkbox"/> Financial Aid <input type="checkbox"/> Healthcare Assistance/Benefits	<input type="checkbox"/> Housing Assistance <input type="checkbox"/> Job Training <input type="checkbox"/> Legal Services <input checked="" type="checkbox"/> Immunizations <input type="checkbox"/> Medical Care <input type="checkbox"/> Recreation/Child Enrichment	<input type="checkbox"/> Respite Care <input type="checkbox"/> Substance Abuse Treatment <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> WIC <input type="checkbox"/> Other. Specify:

Disposition

At exit, you are asked to report on any change in family status in addition to the reason for exit.

- Select only one response that best describes the family's status at the conclusion of service provision. Review status at intake (Intake Form, Section F) to determine most appropriate response.

<p>Family Status at Exit. Check only one</p> <input type="checkbox"/> Child adopted <input type="checkbox"/> Children placed with relatives <input type="checkbox"/> Children remain safely in the home- no initial report of Child Abuse and Neglect(CAN) <input checked="" type="checkbox"/> Children remain safely in the home - no subsequent reports of CAN <input type="checkbox"/> Referred to DFCS for CPS investigation <input type="checkbox"/> Children removed from home and placed in foster care <input type="checkbox"/> Children remain in stable foster care placement <input type="checkbox"/> Children reunified with family of origin <input type="checkbox"/> Child emancipated from ILP or aged out
--

 <p style="text-align: center; margin-top: 10px;">At intake this family had an open CPS case.</p>

- Indicate the primary reason that the case was closed.

<p>Reason for Exit. Check only one.</p> <input type="checkbox"/> Successfully completed case plan goals <input type="checkbox"/> Terminated for non-compliance or extended period of non-engagement <input type="checkbox"/> Family moved <input type="checkbox"/> Placement change <input type="checkbox"/> Child aged out of foster care <input type="checkbox"/> Death in family <input type="checkbox"/> Court determination

Additional Comments

A space has been provided for any additional information that you would like to share or feel is relevant to the responses you have selected.