

Demographics: Caregiver Exit

*Indicates Required

***Time periods for completion**

Upon exit from a program

***Client Identifier (Caregiver):** _____ (Unique number to identify Caregiver)

***Family Identifier (Case):** _____ (Must Match Family/Child(s))

***First Name:** _____

***Middle Name:** _____

***Last Name:** _____

Suffix: None | Jr. | Sr. | I | II | III | IV | V | VI |

***Please select all programs you are exiting the Caregiver from?**

Evidence-Based Home Visiting (EBHV)

Family Support Program (FSP)

FSP 1 _____

FSP 2 _____

FSP 3 _____

FSP 4 _____

***Date of Exit**

EBHV: _____ (Program)

___/___/____ (MM/DD/YYYY)

FSP 1: _____ (Program)

___/___/____ (MM/DD/YYYY)

FSP 2: _____ (Program)

___/___/____ (MM/DD/YYYY)

FSP 3: _____ (Program)

___/___/____ (MM/DD/YYYY)

FSP 4: _____ (Program)

___/___/____ (MM/DD/YYYY)

*** Reason for Exit**

Completed Program

Currently Enrolled but not actively participating in program (On hold (1))

Stopped before completion (**Select the most appropriate option below**)

Child no longer in family's custody (parental rights terminated)

Caregiver returned to work or school

Dissatisfied with program

Enrolled in another program

Excessive missed appointment/attempted visits

Home visitor resigned; refused new home visitor

Miscarried/fetal death/child death

Moved out of service area

Pressure from family

Safety of the home visitor

Unable to contact/Unable to locate

Unable to meet model requirements due to other obligations

Other (please specify: _____)

EBHV FSP 1: FSP 2: FSP 3: FSP 4:

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(1) If Caregiver is placed on hold they will automatically be exited 6 months after the date of exit.

*** For Children's Trust Fund Only:**

Did the parent/caregiver meet the indicator related to Parent Resilience?*

- Yes
- No
- Not Assessed

Did the parent/caregiver meet the indicator related to Social Connections?*

- Yes
- No
- Not Assessed

Did the parent/caregiver meet the indicator related to Concrete Support in Times of Need?*

- Yes
- No
- Not Assessed

Did the parent/caregiver meet the indicator related to Knowledge of Parenting and Child Development?*

- Yes
- No
- Not Assessed

Did the parent/caregiver meet the indicator related to Social and Emotional Competence of Children?*

- Yes
- No
- Not Assessed

Demographics: Child Exit

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***Time periods for completion**

Upon exit from a program

***Child Identifier (Child):** _____ (Unique number to identify Caregiver)

***Family Identifier (Case):** _____ (Must Match Family/Child(s))

***First Name:** _____

Middle Name: _____

***Last Name:** _____

Suffix: None | Jr. | Sr. | I | II | III | IV | V | VI | VII |

***Please select all programs you are exiting the Child from?**

Evidence-Based Home Visiting (EBHV)

Family Support Program (FSP)

FSP 1 _____

FSP 2 _____

FSP 3 _____

FSP 4 _____

***Date of Exit**

EBHV: _____ (Program)

___/___/____ (MM/DD/YYYY)

FSP 1: _____ (Program)

___/___/____ (MM/DD/YYYY)

FSP 2: _____ (Program)

___/___/____ (MM/DD/YYYY)

FSP 3: _____ (Program)

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FSP 4: _____ (Program)

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