

Termination of Program Client

In the event that a client is being terminated from a CoC-funded supportive housing program, this form must be completed to document why a client is being terminated. This form serves to outline the reasons why a client is being terminated, what steps were taken to prevent the eviction, and documents the client's rehouse status. This form must be completed in full and be sent to the CE Lead Agency for documentation and further community discussion at the next By-Name List meeting.

Client Initials and HMIS ID/Unique Identifier: _____

Was this termination due to:

1. Violence towards staff or other program members? Yes No
2. Institutionalization, incarceration or hospitalization lasting 90 days or longer? Yes No
3. Abandonment for 30 days or longer or permanent move out of the service area? Yes No
4. Voluntary exit from the program? Yes No
5. Continual Lease Violations? Yes No

Please provide as much as possible regarding the selected termination reason for this client:

What efforts and/or interventions were made to prevent the above client from being terminated? Please provide as much detail as possible.

Would this client be eligible for another program within your agency? Yes No

Program Staff Completing This Form:

Name

Position

Program/Agency Director Signature

Rehouse Status: Priority Rehouse

For Internal Use:
 Non-Priority Rehouse

Not Eligible for Rehouse