Emergency Shelter Exit Interview

Client Information

Client Name
Client ID/Case Number
Dete of Frit
Date of Exit
Exit Details
Reason for Exit
Destination After Exit
Destination / Nei Exit
Did client receive referrals/resources?
_
If yes, please specify
Client Feedback
In your opinion, what did you find helpful about your stay?
What could be improved?

Additional Comments		
Staff Notes		
Stall Notes		
Notes/Observations		
Staff Name		
Dete		
Date		