**Exit Interview Template**

Name of your organization here

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| **Individual Information:**  |   |
| Full Name:    | Date of Birth:  |   |
| Date Moved In:              | Date of Move Out:                  |   |
| Age at Move In: | Age at Move Out: |  |
| Reason for Move Out:   |   |
| Future Housing Options:  □ Shared or independent rental  □ Family □ Shelter □ Unknown   □ Other group home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    □ Other: \_\_\_\_\_\_\_\_\_\_\_\_   |   |
|   |
| Do you have the following?  □ Health card  □ Photo ID  □ Birth certificate   □ Social Insurance umber  |   |
| **Income:**  |   |
| □ Employed (FT/PT?) \_\_\_\_\_\_\_\_\_\_   □ Social Service Payments: \_\_\_\_\_\_\_\_\_\_  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |
| Do you have a budget plan? □  Yes   □  No  | Do you have a social worker? □ No   □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |

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| **Education:**  |   |
| Have you completed high school?     □ Yes        □  No      □  Some   |   |
| Are you enrolled in school?   □   No        □   High School      □   Post-Secondary   |   |
| Are you planning on enrolling in further education? |   |

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| **Supports:**  |
| Are you connected with:   □ Physician   □ Pharmacy   □ Dentist   □ Psychologist □ Counselor    □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Final Exit Interview Questions:**  |
| 1. What successes (growth opportunities, completion of goals, graduation, work, development, hormones, etc.) did you experience in your time at \_\_\_\_\_\_\_ (name of home)?
2. What did you most appreciate about [name of home]?
3. What did you struggle with while living at [name of home]?
4. What would you change about [name of home]?
5. Do you have any other feedback about the home or your time here?
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Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Note: Please take this open access template and adjust it to your organization’s needs and specifications.*** |