

OLHSA IDA PROGRAM PARTICIPANT EXIT FORM

Personal Information

Site ID: _____
Name: _____ Social Sec. No.: ____ - ____ - ____
Street: _____ Apt #: _____
City: _____ State: ____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____

Exit Information

Exit Date ____/____/____
Primary Reason For Exit:
____ Reached IDA goal
____ Reached program time limit
____ No longer eligible for program
____ Lost interest in program
____ Not able to save
____ Moved out of the area
____ Violated program rules
____ Withdrew savings for unapproved purpose
____ Deceased
____ Other -- Specify: _____

Did the participant complete an Exit Survey? _____

Signature of IDA participant: _____

Signature of IDA program staff: _____

☛Instructions: Complete at the time of Participant exit from the program. Use in conjunction with Participant Exit Survey. Fax to RCO when a participant leaves your program.